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CASE MANAGEMENT TOOLKIT: A USER'S GUIDE FOR STRENGTHENING CASE MANAGEMENT SERVICES IN CHILD WELFARE

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Respectfully,

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ACRONYM LIST

ARO	Assistance to Russian Orphans
CCSP	Community-Based Child Support Program in Azerbaijan
CEE	Central and Eastern Europe
CFSC	Children and Family Support Centers
CIS	Commonwealth of Independent States
CM	Case Management
CPU	Child Protection Units
CSO	Civil Society Organizations
CTISP	Chadwick Trauma-Informed Systems Project
DCOF	USAID Displaced Children's and Orphan Fund
DG EMPL	Directorate-General for Employment of the European Union
E&E	Europe and Eurasia
ECD	Early Childhood Development
EU	European Union
FCP	Families for Children Program in Ukraine
FGC	Family Group Conferencing
FGDM	Family Group Decision Making
FYROM	Former Yugoslav Republic of Macedonia
GDP	Gross Domestic Product
GTC	Guardianship and Trusteeship Committees
IFCO	International Foster Care Organization
ISS	Integrated Social Services
MDT	Multidisciplinary Teams
MLSI	Ministry of Labor and Social Issues (Armenia)
MoES	Ministry of Education and Science
MOLHSA	Ministry of Labor Health and Social Affairs
MPPC	Medico-Psycho-Pedagogical Commissions
MSPFC	Ministry of Social Protection, Family and Child (Moldova)
NASW	National Association of Social Workers (USA)
NCCP	National Committee for Child Protection

NGO	Non-Governmental Organization
OSCE	Organization for Security and Cooperation in Europe
OVC	Orphans and Vulnerable Children
P4EC	Partnerships for Every Child in Moldova
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
RECI	Roma Early Childhood Inclusion
RGSI	Roma Good Start Initiative
SAFPD	Social Assistance and Family Protection Directorate/Unit
SDC	Swiss Agency for Development and Cooperation
TSU	Tomsk State University
UAFA	United Aid for Azerbaijan
USAID	United States Agency for International Development

GLOSSARY OF TERMS

Abandonment – The act of leaving a child in his or her home, a hospital, on the street or in other locations without adult supervision (UNICEF, 2010a, p. 52).

Adoption – The formal, permanent transfer of parental rights to a family other than a child’s biological family and the formal assumption by that family of all parenting duties for the child. *Domestic adoptions* involve adoptive parents and a child in the same country of residence and usually, but not necessarily, with the same nationality. *Intercountry adoptions* involve a change in the child’s habitual country of residence, whatever the nationality of the adopting parents (UNICEF, 2010a, p. 52).

Case Management – The process through which social workers plan, search, and advocate for as well as monitor services from different social service or health care agencies on behalf of a client. Social workers in one or multiple organizations can coordinate their efforts through professional teamwork, thus expanding the range of services offered to any one client. A case management approach limits problems arising from fragmentation of services, staff turnover, and inadequate coordination among providers. Case management can occur within a single large organization, or within a community program that coordinates services among settings (Barker, 2003, p. 58; National Association of Social Workers (NASW), 2012, p. 9-10).

Child-Focused – The principle that “the safety, best interests, wellbeing, and needs of the child are paramount. Whenever possible, the child’s views, thoughts, and ideas are expressed and taken into consideration when considering service provisions and plans...A child’s safety, permanence, and wellbeing are the primary concerns of child welfare. As cases involve these issues, the child should be able to express his or her opinions and views on the status of his or her case” (National Child Welfare Resource Center for Organizational Improvement, 2008, p. 3).

Children deprived of/without parental care – “All children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances” (United Nations General Assembly *Guidelines for the alternative care for children*, A/RES/62/142 of 24 February 2010, para. 29a). “Children who are not living with or being cared for by either biological parent and who are registered as being without parental care according to decisions made by authorities based on either: a) Family Law, b) Social/Child Protection Law, or c) Criminal Law” (Bilson, 2010, p. xiv).

Collaborative case management – A case management approach that “involves the family, caseworkers from various public and private agencies, and community resources to ensure the child’s safety, permanence, and wellbeing. It is a system of care that is seamless and includes a continuum of services and resources to meet the needs of children and families” (National Child Welfare Resource Center for Organizational Improvement, 2008, p. 3).

Community-based services – “Services provided as part of the child protection system for children who live in their own homes. They are mainly non-residential but may include short periods of respite care in a residential setting. These services can be provided by the state and the non-state sector” (Bilson, 2010, p. xv).

Competences – A set of professional skills required to serve the client, community, society, and the profession acquired through “relevant educational and experiential requirements...passing licensing and certification exams,” continuing education, and supervision (Barker, 2003, p. 86).

Continuum of care – The continuum of care represents a range of programs and services common for all risk groups inclusive of prevention, early intervention, and protective interventions. The services range from *least restrictive*, which increases a family’s freedom of choice by supporting its right to make

decisions for its child(ren), to *most restrictive*, which usually refers to out-of-home placement (Barker, 2003, p. 95).

Culturally-Responsive – Describes practices that include knowledge of cultural characteristics, such as perceptions of time, approaches to asking for help, and cultural strengths (e.g., the value of family and traditional healing beliefs and practices) (National Child Welfare Resource Center for Organizational Improvement, 2008, p. 4).

Day Care – “Provision of care for children, especially young children and those with special needs, during set periods of the day, while the child continues to live in the family home” (UNICEF, 2010a, p. 52).

De-institutionalization – The “process of planning transformation, downsizing and/or closure of residential institutions, while establishing a diversity of other child care services regulated by rights-based and outcomes-oriented standards” (UNICEF, 2010a, p. 52).

Family-based Placement – “The provision of alternative care for a child in a family environment [such as] guardianship, trusteeship, foster care...family-like groups” (UNICEF, 2010a, p. 52).

Family-centered – Principle identifying the family as the entry point for addressing child abuse, neglect and exploitation, and delivering services. The entire family (siblings, parents, and extended family) is included, starting with assessment and continuing through planning and implementing interventions. (National Child Welfare Resource Center for Organizational Improvement, 2008, p. 3).

Family Centers – “Provide a range of services to support vulnerable families, including parenting support, counseling and educational support” (Bilson, 2010, p. xv).

Framework – “A structure to hold together and support something; an underlying set of ideas; a set of ideas, principles, agreements or rules that provides the basis or outline for something intended to be more fully developed at a later stage” (Child Welfare Policy and Practice Group, n.d.a, p. 2).

Formal care – “Refers to those children under the full-time care of the State either on a permanent or a temporary basis, typically for family reasons (orphans and social orphans). It covers children placed in state facilities, facilities operated by NGOs and the private sector, whether placed in residential care or substitute families” (Bilson, 2010, p. xiv).

Foster care – “Substitute family care provided by non-relatives on a short- or long-term basis” (Bilson, 2010, p. xv).

Gatekeeping – A decision-making process that functions as a “filter” for a child’s entry into and exit from a formal system of care so that the number of inappropriate placements is limited. It includes making decisions about specific services and care arrangements. In the E&E region, gatekeeping is viewed as essential for diverting children from unnecessary placement in institutional and alternative care as well as for reunifying children with biological parents (Better Care Network, n.d., para. 6; Bilson & Harwin, 2003, p. 6).

Guardianship – “Substitute family care provided by relatives on a short- or long-term basis” (Bilson, 2010, p. xv).

Home-based services (or in-home services) – Services provided within the client’s home and community rather a social work or social welfare office setting (Barker, 2003, p. 198).

Indicators – Quantitative measures about demographic, environmental, and social conditions that are used in establishing comprehensive and balanced planning.

Institutional care – Placements for children in a residential facility, including infant homes, children’s homes, orphanages, boarding homes, and residential schools (Bilson, 2010, p. xiv).

Integrated Case Management – “A team approach used to create and implement a service plan for clients” (Ministry of Children and Family Development, British Columbia, Canada, 2006, p.3). Such a comprehensive response can prevent the escalation of individual and family difficulties.

Integrated Social Services – Integrated Social Services provide children and families seeking help with a single portal of entry into the social services system. The various service providers, including child welfare, employment services, medical insurance, disability services, and pensions, all work together to coordinate the complex bureaucracies and jointly develop and plan of action. This process is facilitated by the case manager. Sometimes the agencies are located near each other for easier access by clients and the team.

Kinship Foster Care – Substitute family care that is provided by relatives on a short or long-term basis (Barker, 2003, p. 238).

Orphan – Person who is less than 18 years old and who has lost one or both parents (UNICEF, 2010a, p. 52).

Practice – “The values, principles, relationships, approaches, and techniques used at the system and case management practitioner level to enable children and families to achieve the goals of safety, stability, permanency and wellbeing” (Child Welfare Policy and Practice Group, n.d.a, p. 1).

Practice Framework or Model: An outline of “the values and principles that underlie an approach to working with children and families...[that] may also describe specific approaches and techniques considered fundamental to achieving desired outcomes. These may include ‘evidence based’ approaches, promising practices and/or approaches believed to be effective through practice based experience.... Some systems have incorporated explicit organizational principles...to address issues such as agency leadership and management and/or relationships with the community” (Child Welfare Policy and Practice Group, n.d.a, p. 2).

Prevention – “Methods or activities that seek to reduce or deter specific or predictable problems, protect the current state of wellbeing, or promote desired outcomes or behaviors” (Barker, 2003, p. 337). Prevention in the child care field may consist of: primary prevention through universal measures, secondary prevention that targets high risk groups and tertiary prevention aimed to prevent the recurrence of problems.

Respite Care – Family support services that enable parents to better cope with their overall responsibilities towards the family, including additional responsibilities inherent in caring for children with special needs (United Nations, 2010, para. 38).

Statutory Services – Services or functions that are part of a service that are mandated by law to qualified individuals with formally mandated procedures (Barker, 2003, p. 417).

Substitute Family Care – “Children in formal care placed in a family setting provided by relatives [see guardianship] or non-relatives [see foster care]” (Bilson, 2010, p. xv).

EXECUTIVE SUMMARY

Many children are placed in residential care and remain there mostly due to the lack of “proper case management” (UNICEF, 2010a, p. 44).

The *United States Government Plan of Action on Children in Adversity*, issued in 2012, reaffirmed the commitment of the United States Government to help vulnerable children around the world “grow up within protective family care and free from deprivation, exploitation, and danger” (USAID, 2012a, p. 1). Countries in the Europe and Eurasia (E&E) region¹ are also committed to supporting and protecting their vulnerable children and have national child welfare policies that mandate family care over residential care, with many countries implementing case management practices (UNICEF, 2012a; UNICEF Regional Office for CEE/CIS, 2012). Although E&E countries have made progress in keeping children in family care, the rate at which children are separated from their families has continued to be high in most E&E countries. Children under three and Roma children are especially vulnerable to family separation as they often “slip through the gatekeeping net” without being assessed or receiving a plan for services (UNICEF, 2010a; UNICEF Regional Office for CEE/CIS, 2012).

The use of quality case management practices has been demonstrated to improve decision-making and service delivery in child welfare practice that reduces family separation (UNICEF, 2010a). A tool for measuring current case management practices against indicators of good case management practices is important for further strengthening case management in child welfare within the region. Such a tool will help move case management practice beyond simple adherence to policies and procedures to thoughtful application of evidence-based practices that improve outcomes for children and families at the individual case level.

PURPOSE AND SCOPE OF THE TOOLKIT

The Toolkit was prepared to assist USAID Mission staff working in the E&E region in identifying and propagating good practices in case management services. It provides the user with a comprehensive assessment framework for analyzing current systems, procedures, and practices against international standards and professional case management practices at both the case level and system level. This toolkit does not promote a specific model of case management since no one approach or model can be applied to every situation. Rather, it outlines the beneficial aspects, processes, and strategies of case management that have shown improved outcomes for children and families. The assessment framework can be used to identify good practices being used as well as gaps in current practices. The key question the measurement tool aims to answer for the user is “to what extent does the actual implementation of the case management approach within a specific target setting incorporate the core components of case management at the system and practice levels?” The aim of the authors is for the assessment framework to become a useful tool that will be used to build more efficient and effective case management practices at both the system level and case level, thereby strengthening child protection systems across the E&E region.

METHODOLOGY

The toolkit is based on an extensive review of documents, reports, and the literature from the E&E region and globally. Telephone, Skype, and email interviews were conducted with key stakeholders, USAID/Washington, implementing partners, practitioners, and educators from the field. Data collection focused on those countries where USAID has had or continues to have a significant presence in the development of child welfare programs and services: Armenia, Azerbaijan, Georgia, Moldova, Russia²

1. For the purpose of this paper, the E&E region includes Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kosovo, Republic of Macedonia, Moldova, Romania, Russia, Serbia, Montenegro, and Ukraine.

2. Since work on this toolkit began, USAID’s Mission and activities in Russia have closed.

and Ukraine. Case management services from Romania have also been included given USAID's significant investment in child welfare reform prior to 2008.

HOW THE TOOLKIT IS ORGANIZED

The toolkit contains four main sections and two appendices. Specific resources and tools are referenced throughout in order to provide users with practical implementation guidance. Links to online resources and details on contact persons are included when available. The tools are meant to provide guidance and, as always, they must be contextualized within the local reality. The sections and appendices are as follows:

Section 1: Key Elements of Child Welfare Case Management provides the basic components of case management, both at the system level and at the individual or case level. A detailed presentation of each of the components includes practice examples and tools with links.

Section 2: Measuring Child Welfare Case Management is an indicator framework that can be used to categorize current case management practices, identify existing gaps, and determine instances in which current practices may need to be changed in order to meet good practice standards. The framework has two parts: Part A – *Assessment of system level case management*, and Part B – *Assessment of individual level case management*.

Section 3: Status of Child Welfare Case Management in the Region provides an overview of the implementation of case management based on the good practices as outlined in the assessment framework.

Section 4: Good Practices from the Field provides country-specific information on child welfare case management issues and highlights good practices in Armenia, Azerbaijan, Georgia, Moldova, Russia, Ukraine, and Romania.

Appendix 1: Other Regional Resources and Tools offer additional information on case management-related tools in the E&E region.

Appendix 2: Relevant Resources and Tools by Topic Area are also made available. Examples include assessment tools, manuals, and workbooks that are related to child welfare case management, but are not region-specific.

CONCLUSIONS

Tremendous progress has been made in meeting good practice standards in the E&E region, especially in the establishment of gatekeeping mechanisms and case management practices at the case level. Yet there are gaps in services and some children and families are left behind, especially the disabled and minority groups such as the Roma. There are a number of forward-looking strategies and approaches that can advance the practice of case management at the system and case levels.

- **Case Management at the System Level:** Gatekeeping mechanisms need to be strengthened with a renewed emphasis on children aged 0-3. Embedding case management into other services such as those provided by maternity hospitals, schools, and health clinics can move the prevention agenda forward by enabling the early identification of children at risk and the implementation of a fully functioning continuum of care model. Inter-institutional agreements and systematic sharing of tools and good practice approaches can help scale up case management and improve functioning at the system level.
- **Case Management at the Practice Level:** Case management continues to be associated with deinstitutionalization, although there is increased application to working with at-risk

families in the community. Incorporating strength-based and solution-focused practices in assessment and case planning and embedding case managers within health and education services can improve early identification of children at risk of entering institutional care, reduce the stigma of families seeking assistance to keep children in the home, and increase access to needed support.

Overall, more research is needed on the factors that contribute to children entering protective systems, which good practices contribute to them being able to move out of such systems, and which practices contribute to keeping children with their families. This requires collaboration between practitioners and advocates as well as educational and research institutions, the development of a shared learning agenda, and the creation of processes through which findings can be applied.

INTRODUCTION

Reform of child protection systems was initiated in most countries in the Europe and Eurasia (E&E) region³ in the 2000s. A high priority was placed on legal and policy reforms that supported the restructuring of child care services from large-scale, centrally planned residential facilities to continuum of care models of family-centered, community-based services. The overall emphasis was to reduce the reliance on institutional care for vulnerable children. Primary outcomes include the deinstitutionalization of children through family reintegration and placement in alternative care, including foster care, group homes, and adoption. In addition, the profession of social work was established with a focus on providing case management services to reduce family separation. New and improved gatekeeping mechanisms have been introduced that better target how services are utilized, including the placement of children in all types of out-of-home care.

Even with this progress and governments' engagement in reforms, the gap between policy and practice remains, with the number of children separated from their families in most E&E countries increasing annually. Although recent rates of placement have fluctuated, the number of children in the E&E region who live in various types of alternative care arrangements separated from their families remains high. In 2011, approximately 880,000 children were reported to live in alternative care arrangements (UNICEF Regional Office for CEE/CIS, 2013). Children under three, children with disabilities, and Roma children are especially vulnerable to family separation (UNICEF, 2010a; UNICEF Regional Office for CEE/CIS, 2012).

Investments in good case management practices can go a long way towards reducing the separation of children from their families. When done in conjunction with a larger child protection strategy, case management can be a strong tool for ensuring that children and families are linked with proper services. It is important to increase the availability of tools for assessing and identifying the gaps between good case management practices and existing practices in order to strengthen case management within the region.

WHY THIS TOOLKIT

This toolkit aims to provide USAID, implementing partners, and other child welfare organizations in the Europe and Eurasia (E&E) region with such a tool. It is a resource that can assist them in assessing the current state of case management systems and practices vis-à-vis internationally established standards, procedures, and regionally desired goals. This toolkit outlines broad principles, processes, and strategies shown to improve outcomes for children and families. E&E countries will be able to use the assessment criteria it provides to build more efficient and effective case management practices at both the system level and individual level.

The toolkit consists of information on the core components of case management according to internationally recognized standards and good practices reflected in the core principles of case management, tools for building on case management as it is currently practiced, and an assessment matrix to guide the user in doing a gap analysis or assessment of the current status of case management services within an organization.

It is envisioned that the toolkit will help organizations answer the question, "to what extent does the actual implementation of the practice of case management within a specific target setting incorporate the core components of case management at the system and individual practice levels?" It will also help

3. For the purposes of this toolkit, the E&E region includes Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kosovo, Republic of Macedonia, Moldova, Romania, Russia, Serbia, Montenegro, and Ukraine. USAID's Mission and activities have closed since work on this Toolkit was begun.

governments and donors identify specific areas for improvement and priority areas for investment in child welfare and protection programs.

Links and tools are referenced throughout the document to provide practical guidance for implementation of the various components. The tools are either sourced from a range of resources or have been created by the authors. They are meant to provide guidance and, as always, they must be contextualized within the local reality.

PURPOSE OF THE TOOLKIT

The purpose of the toolkit is to provide a detailed description of the necessary components of an effective case management system and to present a practical framework that can be used to assess current systems. When used, these tools will help strengthen the practice of case management in child welfare and measure case management ‘model fidelity’—how closely the services and practices provided resemble adopted standards (Wulczyn, Orlebeke, Haight & Poede, 2000).⁴ The framework introduced in this toolkit is based on internationally and regionally desired goals, as well as well-established case management standards and procedures.

The toolkit provides information on assessing case management at the systems level and the individual level. The systems-level assessment involves looking at the macro level of child welfare case management and how organizations deliver services to families in need. There are six main elements that influence case management practice at the systems level; they are:

1. Policies, laws, regulations, and standards;
2. Legal authorities and structures (e.g., courts and commissions);
3. Community perceptions, values, and networks;
4. Human resources;
5. Case management supervision structures; and
6. Child and family involvement in developing case management policies and services.

Assessing case management at the individual level involves understanding more about how the case manager approaches and intervenes with families in need, how supervision is provided to the case manager, and how the service team members function together to best meet the needs of families. The five main case management practices at the individual level are:

1. Screening for immediate needs;
2. Assessing family strengths and risks;
3. Engaging families in their own treatment;
4. Providing or referring to quality interventions; and
5. Measuring family functioning outcomes to determine the impact of services.

The toolkit provides the conceptual underpinnings of this framework by describing various practice models. It does not promote one specific model of case management as no one approach can be applied

4. Child welfare, rather than child protection, is the preferred term used in the toolkit. Comparing a child protection orientation to a child welfare orientation, child welfare reflects a more holistic system of services from prevention to protection, while child protection primarily focuses on child safety.

to every situation. Rather, it outlines the beneficial elements, processes, and strategies in case management that have shown improved outcomes for children and families.

METHODOLOGY

The toolkit is based on an extensive review of documents, reports, professional journals, and literature from the region. Information has also been gathered from interviews with key stakeholders, practitioners and educators to develop the toolkit. Data collection focused on E&E countries where USAID has recently had or continues to have a significant presence in the development of child welfare programs and services: Armenia, Azerbaijan, Georgia, Moldova, Russia and Ukraine. Romania is included given USAID's investments in child welfare reform and case management services in the country until 2008.

HOW THE TOOLKIT IS ORGANIZED

The toolkit is organized in four sections and two appendices. Specific resources and tools are referenced throughout in order to provide users with practical implementation guidance. Links to online resources and details on contact persons are included when available. The tools are meant to provide guidance and, as always, they must be contextualized within the local reality. The sections and appendices are as follows:

Section 1: Key Elements of Child Welfare Case Management provides the basic components of case management, both at the system level and at the individual or case level. A detailed presentation of each of the components also includes practice examples and tools.

Section 2: Measuring Child Welfare Case Management is an indicator framework to categorize current case management practices, identify existing gaps, and determine instances in which current practices may need to be changed in order to meet good practice standards. Using a logic model, it provides inputs, outputs and short-term and long-term outcomes. The framework has two parts: Part A – *Assessment of system level case management*, and Part B – *Assessment of individual level case management*.

Section 3: Status of Child Welfare Case Management in the Region provides an overview of the implementation of case management based on good practice as outlined in the assessment framework.

Section 4: Good Practices from the Field provides country-specific information on child welfare case management issues and highlights good case management practices in Armenia, Azerbaijan, Georgia, Moldova, Russia, Ukraine and Romania.

Appendix A: Case Management Assessment Tool provides USAID Operating Units and their partners with framework for completing an assessment of the state of a case management system and for identifying weaknesses and potential improvements in the system.

Appendix B: Additional Regional Resources and Tools offers additional information on case management related tools in the E&E region.

Appendix C: Additional Topical Resources and Tools are also made available. Examples include assessment tools, manuals, and workbooks that are related to child welfare case management, but are not region-specific.

SECTION I: CORE COMPONENTS OF CHILD WELFARE CASE MANAGEMENT

Case management is a process that enables social workers to coordinate multiple services in order to prevent or minimize their fragmentation and facilitate a client's increased functioning and wellbeing (Barker, 2003; National Association of Social Workers (NASW), 2012). When looking at case management with regards to child welfare, the main purpose of following that process is to identify appropriate providers and interventions across the range of social, psychological, health, and other service domains that will focus on increasing positive outcomes for children and families. There are macro- or systems-level perspectives on child welfare case management as well as micro- or individual-level views.

At the macro level, the process of case management takes place within systems that are organized around a purpose and goal with structures that have functions, capacities, processes, and accountability mechanisms. There is regular interaction with other social welfare structures, including those for health, mental health, social services, justice, and education (Davis, McCaffery, & Conticini, 2012). At the micro-level, case managers work with individual children and families to assess their unique needs and identify the most appropriate interventions. Then it is the job of the case manager to coordinate the work of a group of multi-disciplinary professionals and organizations. In fact, social work case management works simultaneously at the micro- and macro-levels with a specific client and with a system of services.

In order to strengthen case management practices for the protection of child welfare, various models have been developed in the U.S. and internationally to guide service provision at the system and individual levels. Several common elements, which have become standards of practice, are included in these models and are suitable for use in evaluating how well a case management system is working. Therefore, based on a review of these models, it was possible to develop the following description of the necessary components of a practical framework for case management practices and principles at the systems and individual level.

SYSTEM (MACRO) LEVEL CASE MANAGEMENT

Having a clear understanding or a snapshot of a child welfare system and its interactive components is important for case management to function effectively. There are a number of recent documents that describe child welfare system models that can be used to guide governments' and donors' efforts to strengthen child welfare systems (Forbes, Lau, Oswald, & Tutnejevic, 2011; McCaffery, Davis, & Conticini, 2012; Save the Children, 2010; Wulczyn et al. 2010). A comparison of these models' similar structural components reveals six main elements that influence case management processes at the systems level (see Figure 1).

Figure 1: Elements Influencing System Level Case Management

POLICIES, LAWS, REGULATIONS, AND STANDARDS

Policies, laws, regulations, and standards influence case management, as discussed in World Vision’s paper *A Systems Approach to Child Protection* (Forbes, et al., 2011). Laws and policies that impact child welfare case management exist at the international, national, and local levels.

Internationally, legal protections and safeguards have been created for children that are distinct from those for adults. The United Nations’ Declaration of the Rights of the Child, established in 1959, declared that, “children need safeguards and protections separate from those of adults and that these protections should begin even before birth” (Poe, 2013, para. 1). As a result, local and national laws and policies have been developed, including those that focus on foreign assistance, such as the United States Government Action Plan on Children in Adversity (2012). It lays out three priority objectives:

1. Supporting comprehensive programs that promote the development of children in the areas of health, nutrition, and family support;
2. Enabling families to care for their children, prevent unnecessary separation, and allow for protective permanency care; and
3. Protecting children from violence, exploitation, abuse, and neglect.

In addition, the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) (2012) Guidance for Orphans and Vulnerable Children (OVC) Programming summarizes how the U.S. Government aims to address family separation through interventions that are child-focused and family-centered, and build the skills of agencies and staff to ensure quality services.

Policy and regulatory practices are an important part of the picture for case management practice. From guiding the development of intervention strategies to setting financing levels, these components are crucial elements to consider when evaluating how well case management is functioning because they directly impact the breadth and quality of services.

LEGAL STRUCTURES AND THEIR RESPECTIVE AUTHORITIES

The legal structure establishes who has decision-making authority and the framework within which decisions are made as to what interventions are required to protect a child as well as to prevent future harm or risk. Legal structures and their respective authorities, such as a commissions or courts, are

integral to ensuring that laws, policies, regulations, and standards are systematically and consistently implemented. They ensure that all policies and procedures are followed and intervene on an individual child and family basis by evaluating agency and case management procedures. Thus, the decision-making process is not driven solely by one or two agency representatives, but by individuals reflecting numerous institutions and entities. In addition, the designated legal authority also serves a critical case monitoring function.

Legitimized through legislation and statutes, designated legal authorities (e.g., departments, commissions, courts) at the local level are the main actors performing gatekeeping functions for child protection systems. Gatekeeping is essentially the management of the entry and exit of children (and families) into and out of the child protection system, and it has been a starting point for many countries addressing the dependence on and inappropriate use of institutional care. Gatekeeping also serves as the interface or link between system-level policies and procedures and case-level practices and case manager job functions.

COMMUNITY PERCEPTIONS, VALUES, AND NETWORKS

Community perceptions, values, and networks play an important role in interpreting and intervening in family discord, abuse, and other risk situations. Oftentimes, community members (e.g., teachers, daycare workers, and medical and health professionals) are responsible for identifying and referring families for child welfare services. Because values and expectations can evolve over time, it is important to understand how the community perceives families' strengths and needs as well as the extent to which they value intervention from a formal, state-governed agency into families' lives.

Programs and services that target specific vulnerable groups or have explicit eligibility requirements for access exist in most communities. In addition, they may target children and families within a particular geographical location. Agencies often have differing visions and strategies for addressing similar problems for an identified target group. Having a clear picture or menu of available resources within a community and across different geographic areas, sometimes called a community resource map, improves the planning, accessibility, and overall delivery of services. System-level planning and coordination, which includes accessing up-to-date information, is critical for quality case management (Crane & Mooney, 2005; O'Leary & Squire, 2009).

Resource mapping may include the development of agreements between agencies and services on referral processes and criteria for client eligibility for services. A resource map can be used to identify gaps in services and facilitate collaborative and integrated strategic planning (O'Leary & Squire, 2009). System-wide information structures detailing the types and locations of services can also be linked with monitoring and evaluating the effectiveness and efficiency of programs in meeting outcomes.

A services map often relates to a specific continuum of care (i.e., the range of programs and services common for all risk groups including prevention and protective interventions).⁵ Services range from least restrictive to most restrictive. Least restrictive services support the right of families to make decisions for their children and give the family and children more choice about the services they access. Providing services in such an environment facilitates children's and families' movement through (i.e., entry into and exit from) the system. Examples of these types of supports include self-help activities, informal assistance, and education services provided to persons in their own homes and communities. Most restrictive services limit the decision-making authority

Resource

The *Child Protection System Mapping and Assessment Toolkit* can help guide communities and agencies that are mapping systems and resources (UNICEF, 2012), available at <http://www.unicef.org/protection/5792958020.html>

5. Oftentimes, these continua are developed in order to promote family and community care over institutional care.

parents have over their children. They entail the substitute care of children through foster, kinship, or institutional guardianship. In some cases, parental rights can be completely terminated, which might then lead to the formal adoption of a child by another family.

Continuum of Care - The range of programs and services common for all risk groups that go from *least restrictive* (gives the family and children more choice in their own lives) to *most restrictive* (usually refers to out-of-home placement).

Services within the continuum of care can be provided by a single organization or they may be spread out across numerous organizations, public and private. Most likely, services are provided by different organizations and in varying locations within a local community. The preferred approach is to provide services in the least restrictive environment so that children and families move through the system. Case managers' key functions are coordinating and collaborating with the different players and parts of the child welfare system. Therefore, they must understand the broader network of community services available.

HUMAN RESOURCES

Developing strong human resources in professional child welfare takes time. While it is important to hire personnel that have solid skills, effective supervision and ongoing support for professional development are also critical to skill refinement and staff retention (USAID, 2008). An education and training program that is structured to provide the necessary knowledge, skills, and values at all professional and paraprofessional levels is absolutely essential for good case management to occur in practice.

CASE MANAGEMENT SUPERVISION STRUCTURES

Supervision is well established as an important component of professional social work practice (Kadushin, 1976; Shulman, 1993). It serves as a consumer protection function in the public and private sectors. Social work supervision is a way to guard against inappropriate and poor practices. Competent supervision has been shown to significantly improve decision making about children and families by ensuring that it is in line with good practices in child welfare. This is equally important for professional case managers, paraprofessionals, and student interns (USAID, 2008b). The process of good supervision includes education, support, and administrative oversight (Shulman, 1993). The educative role is designed to improve self-awareness and increase the social worker's knowledge base and decision-making abilities. It also improves knowledge of available resources and ways to make appropriate referrals. The supportive function of supervision includes elements of emotional support and encouragement, while administrative oversight safeguards consistency between agency philosophies, policies, and procedures and the actual work being performed (Davis, 2010; Shulman, 1993).

One model that has been effectively applied in child welfare that overlaps with supervisory functions is *coaching*. It utilizes the Adult Experiential Learning Cycle, which includes abstract conceptualization, active experimentation, concrete experience and reflective observation (Northern California Training Academy, 2012, p. 50). Coaching has been shown to enhance the skills of child welfare workers, thus improving organizational effectiveness and increased efficiency in the use of resources.

CHILD AND FAMILY INVOLVEMENT

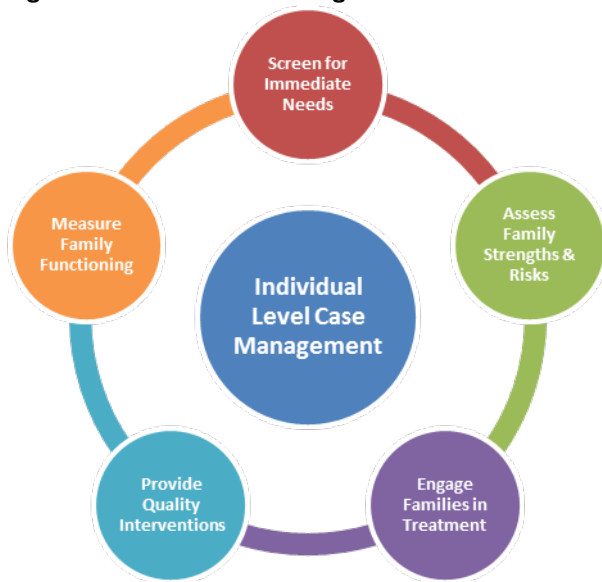
Even though children and families are the recipients of child welfare services, to a certain extent they also substantively contribute to shaping agencies' functions and roles. A key principle for good social work practice that also applies at the macro level is ensuring that clients are actively engaged in their own development. It is important for organizations to consider the needs, capacities, and preferences of children and families when designing services, strategies, or processes. This can easily be done by including young people and family members in planning processes by encouraging their participation in

advisory committees or engaging them in other information gathering practices (e.g., regular client surveys or interviews).

INDIVIDUAL (MICRO) LEVEL CASE MANAGEMENT

There are numerous theoretical models that are available to guide individual level case management. All of them offer differing lenses on the most important elements of a good practice model (Flick, Murphy, & Allen, 2001; Weil & Karl, 1985). The most common elements that can be considered standards of practice are shown in Figure 2.

Figure 2: Elements Influencing Individual Level Case Management



SCREEN FOR IMMEDIATE NEEDS

At the start of services, a case manager begins a screening process, which normally involves the use of a standardized instrument to document a client's clinical, behavioral or functional status. Screening can be done with the child as well as anyone who knows the child, including family members, caregivers, teachers, or other service providers. Information collected during screening is generally considered 'immediate or current' and observable.

One goal of screening is to address a crisis and any emergency needs, for example, for children in distress or those recently removed from their homes due to abuse or neglect. Screening allows the case manager to determine the need for further evaluation and possible immediate treatment or intervention. It also helps to determine if a child or family meets the eligibility criteria for services. If a child and family are found to meet the clinical, behavioral, and functional criteria, they would then be referred for an assessment.

ASSESS FAMILY STRENGTHS AND NEEDS

Case management assessment uses a family-centered strengths-based approach to working with people and supporting families. This type of strategy reflects a shift in child welfare case management from a protective and deficit approach to a strengths-based and solution-focused approach. Professionals are challenged to work within a framework of family strengths instead of family problems and weaknesses. The case manager operates from the perspective that all families, no matter what their condition, potentially need additional support in raising their children at some point in their lives. The assessment goes beyond child safety and risk to include the entire family and community, with the assessor seeing the family network as an asset and a resource (Lutz, 2000). This approach is premised on the belief that no matter what their condition, all parents have some ability and desire to care for their children.

Risk and resilience assessment: An ecological model. In general, the term ‘risk’ refers to a reduced capacity to meet individual and family social, psychological, health, and economic needs at different stages of the life cycle.

Although it is common to link risk with single factors such as age or physical characteristics (e.g., having a disability), single factors do not necessarily result in risk. Risk is a result of the interaction of social, economic, environmental, and political factors at the individual, family, community, and societal levels and the various coping mechanisms and strategies available at each level. More simply, risk is the exposure to something that is potentially harmful mitigated by the ability to cope, sometimes called resilience or protective factors. The ecological model for describing risk provides a broader framework that integrates different levels of risk and protective factors. This model is used for assessment and intervention within a framework of prevention and protective responses.

According to the model, vulnerability or risk factors and protective factors that contribute to resilience are considered on three systemic levels: (1) individual; (2) family and community; and (3) broad societal, political and environmental circumstances. Risk factors at the **individual level** include characteristics of the individual that, owing to societal norms, contribute to dependency, resulting in increased vulnerability, such as age, mental and physical ability, ethnicity, and gender. The **family and community level** focuses on characteristics of work, school, community, and family life that contribute to vulnerability, such as income, education level, and social behavior. At the broad **societal, political and environmental level**, characteristics of the economy and the environment, such as political and social conditions, crime, and natural disasters, are considered.

Specific examples of protective factors that could be found at each level are:

- **Individual** – easy temperament, competence in normative role, and the ability to understand and read social situations and select adaptive strategies.
- **Family and community** – positive parent-child relationships that promote self-worth, clear family traditions based on extended family closeness and warmth, and parental supervision routines and rituals.
- **Societal, political and environmental** – access to quality education and health services, stable political and economic transition, absence of natural disasters, and stable and safe neighborhoods.

ENGAGE FAMILIES IN TREATMENT

From assessment to intervention, it is up to the case manager to engage children and families in an appropriate and strengths-based manner. If families are treated as partners in the assessment and intervention process, there is a higher likelihood of positive and lasting effects. The family is generally the first point of entry into a case management relationship, which sometimes presents a dilemma for case managers in that they must serve as both helper and protector. The case manager must balance the conflicting responsibilities between being an empowering and collaborative advocate and a protective authority. Not all families ask for help voluntarily. When families enter the system involuntarily, it is critical that case managers approach families in the same manner – as partners in the change process (Rycus & Hughes, 1998, p. 225).

One of the first steps in positive engagement is the family-centered approach to assessment, which can include working with immediate and extended family to understand any issues or needs. Gathering information is a way to build relationships with the child and family, with the family members taking the role of experts on their situation and needs (Lutz, 2000; Day, Robison, & Sheikh, 1998).

Resource

The U.S. National Resource Center for Permanency and Family Connections has a toolkit on family engagement available at <http://www.nrcpfc.org/fewpt/introduction.htm>

Completing assessments and planning interventions through home visits builds positive relationships. In fact, home visitation has been shown to be one of the most important ways to reach parents. In a growing number of countries, home visitation continues to be one of the primary strategies for preventing physical child abuse and neglect.

Several specific benefits of home visitation have been found, including: 1) allowing case managers to convey the importance of connecting with each of the family members; 2) possibly reducing common barriers to accessing services, such as geographic distances, lack of transportation, and lack of time; 3) letting the case manager identify needs earlier, which can often prevent incidents of maltreatment; and 4) promoting the development of healthier child rearing habits early on if the case manager can teach and demonstrate positive techniques (Guterman, 2006).

Resources

There are proven home visitation models based on the principles of strengths-based prevention and early intervention. According to Daro (2006), evidence-based models include:

- Parents as Teachers (Parents as Teachers, 2013): <http://www.parentsasteachers.org/resources/federal-home-visiting-program>
- Healthy Families America (Prevent Child Abuse America, 2013): http://www.healthyfamiliesamerica.org/about_us/index.shtml
- Implementing Early Head Start Home-Visiting (United States Department of Health and Human Services, 2013): <http://homvee.acf.hhs.gov/document.aspx?rid=3>
- Parent Child Home Program (Parent-Child Home Program, 2013): <http://www.parent-child.org/>
- Home Instruction for Parents of Preschool Youngsters (Home Instruction for Parents of Preschool Youngsters (HIPPY) USA, 2013): <http://www.hippyusa.org/>

PROVIDE QUALITY INTERVENTIONS

After screening, initial assessment, and some level of engagement with the child and family, it is time for the case manager to develop a plan for a high quality intervention. The first step in that process is to identify goals and develop a service plan. This may include conducting what is called a ‘case conference,’ which is a meeting for stakeholders that can (but does not have to) include the child, immediate family, extended family, and other professionals or community members involved with the child or family (e.g., teachers, doctors, nurses, counselors, law enforcement, religious leaders, etc.) (Fife Child Protection Committee, n.d.). Everyone who is invited will have some opportunity to contribute to developing a plan of action that will improve the wellbeing of the child and family. This ‘case plan’ sets out specific goals to be achieved by and for the family, along with necessary actions to be taken.

One particular approach that has been used for case planning is Family Group Decision Making, which encourages shared responsibility between professionals, agencies, and extended family and caregivers (Doolan, 2008). Originating in New Zealand and modeled after Maori tribal practice, the approach has been applied in in many countries, including the United Kingdom, the Netherlands, Denmark, Sweden, and the United States. Research on the model has shown positive outcomes, such as increased child and family group participation in case management, decreased legal proceedings and related conflict, a reduction of the number of children in public care, increased use of family care for children deprived of parental care, and improved interagency collaboration (Child Welfare Information Gateway, 2012).

Engage children and youth in planning and decision making. There is little consensus about what children’s and young people’s participation should look like in child welfare service provision.

Participation holds different meanings for different groups, including health, education, social services and justice. One way to describe participation in child welfare may include two levels:

1. *Individual*: Children are centrally involved in the referral, assessment, decision making, service delivery, review, and evaluation of the services that are delivered to them.
2. *Collective*: Children are involved collectively to have a wider impact on services or organizations. This involvement can include advocacy, lobbying, pressure groups, self-help or services, and policy. It can also include planning the use of resources and budgets, staff selection, training, quality control and evaluation, peer supervision, and research development.

Nixon (2007) suggests four types of participation that are useful for engaging children and youth in service provision:

- *Inform*. Inform them about their current situation and services in a child-friendly manner via pictures, stories, and play.
- *Consult*. Ask them for their views and opinions about their situation or services.
- *Partner*. View them as partners in their case management and make decisions jointly.
- *Delegate control*. Selectively delegate responsibility and power to make some decisions to them.

Convene multidisciplinary teams. Once the case plan is developed, the intervention will begin. A majority of interventions in child welfare involve the use of multidisciplinary teams (MDTs), which are groups of professionals who come together from areas such as health, education, disability services, law enforcement, mental health, juvenile justice, and social services to work with a child and family. They work in a coordinated and collaborative manner to ensure that the child and family reach a healthy level of functioning and stability (Ells, 2000).

Some evidence shows that MDTs result in better problem-solving and provide support for professionals engaged in what can be a highly stressful work environment (Lalayants & Irwin, 2005). Other outcomes include more accurate conclusions; earlier and more effective interventions; and increased probability of accessing services by reducing fragmentation and duplication efforts (Goldstein and Griffin 1993; Hochstadt & Harwicke, 1985).

Facilitating a positive environment for decision-making in case management is crucial because oftentimes the case manager and the MDT become the gatekeepers of services for the child and family. Best practices in gatekeeping include transparent decision-making, fair and consistent allocation of services, monitoring of decisions and outcomes, multidisciplinary planning with a 'whole system' focus, and an ongoing communication process (Tolfree, 1998). The main goal of the decision-making process is to ensure that the child and family receive the services that are most appropriate for them.

Use specialized case management models when needed. When providing services, some client groups require special sensitivity and understanding. Two specific approaches that can provide useful guidance are gender-sensitive and trauma-informed case management practice.

Gender-sensitive case management. Incorporating gender analysis into the service delivery system is critical to effective case management for all families and children. A gender analysis is a systematic process of assessing inequalities between men and women as well as girls and boys, and their impact on children and adults in a given programmatic context. Typically, it requires an examination of the specific roles and norms that are assigned to males and females across their life cycles; the different levels of power they have in society; their communities, households and relationships; constraints on their actions, beliefs, and perceptions; and opportunities for change; the different needs of men and women, boys and girls;

and the impact of gender-based differences throughout each person’s life cycle (Doggett & Medrano, 2012).⁶

A gender-sensitive case management approach is especially applicable to the E&E region given the number of children being born to unmarried mothers under 20 (UNICEF Regional Office for CEE/CIS, 2013). Pregnancy and childbirth can interrupt a girl’s or young women’s education at any level. Gender-based violence, including trafficking for sexual exploitation and domestic violence, has been identified as a significant problem in the E&E region (USAID, 2012b). Resources that provide services to survivors and witnesses of gender-based violence and promote the justice sector’s response are an identified priority (U. S. Department of State, 2012, p. 5). It is important that case management services respond by “improving caretaking, livelihood and health-seeking skills of adults and children based on gender-need” (Doggett & Medrano, 2012, p. 24). This requires increased access to comprehensive, high-quality, age-appropriate, and gender sensitive services by creating integrated, community-level referral networks that strengthen the continuum of care.

The E&E region has a relatively high number of civil society organizations (CSOs) that promote women’s empowerment issues, have credibility within the government, and are positively perceived in the community (USAID, 2012b, p. 11). When doing community mapping, it is important to identify these types of existing resources and conduct an assessment of services to determine their quality and community’s trust of those services. If services do not exist that target specific gender-sensitive needs, then it is important to build the capacity of local providers to deliver such services. Linkages with local groups or advocates working toward gender equality are critical as well as incorporating trauma-informed and trauma-treatment services (Doggett & Medrano, 2012, p. 29).

Trauma-informed case management. Trauma-informed case management recognizes that many behaviors and symptoms expressed by children and parents are potentially related to traumatic experiences. This approach fosters storytelling by the child so they can share their experience from their own perspective. Using a trauma lens in child welfare practice encourages a sensitivity to the stress, anxiety, and trauma that potentially results from having experienced abuse, neglect and/or exploitation.

Ways that case managers can provide trauma-informed care is by: (1) assessing for possible trauma-related reactions; (2) helping caregivers understand that behavior problems may be trauma-specific reactions; (3) informing substitute caregivers about child trauma history and potential triggers; (4) building a network of trauma-specific services and advocating for access to them (National Child Traumatic Stress Network & Chadwick Trauma-Informed Systems Project [CTISP], n.d.).

Resource

The Safe Start Center (<http://www.safestartcenter.org/>) is a repository of research and resources collected with the goal of “preventing and reducing the impact of children’s exposure to violence.”

MEASURE FAMILY FUNCTIONING

A last and very important responsibility of the case manager is to monitor and report on family functioning outcomes in order to determine the impact of services. It is customary for the case manager, and sometimes the multi-disciplinary team, to meet regularly with the child and family to identify how well things are going with the case plan in terms of receipt of services. The case manager will want to make sure that the child and family are receiving services in a timely manner, as well as meeting any of their own obligations. When these meetings take place, it is standard practice to complete certain agency-required paperwork documenting the interaction with the child and family, any decisions that were made, and an overall status report. Sometimes this documentation also includes the completion of formal evaluation or follow-up assessment tools.

6. For more information, see *Toward Gender Equality in Europe and Eurasia: A Toolkit for Analysis*. This USAID publication provides advice on how to conduct a gender analysis and sample questions to ask for several sectors and cross-cutting issues, including child welfare.

Monitoring services and reporting on outcomes is important because: (1) they allow the agency to report on all efforts to serve the client for accountability purposes; 2) they provides the case manager with regular input so that the intervention can be adjusted in order to best serve the family; and 3) they offer evaluative information that can help determine more broadly what interventions work best in what types of situations or scenarios. Thus, the case manager will want to make sure to note any accomplishment of goals, along with any explanations or details as to why the child or family has not met service expectations, as well as note observations of any particular factors that supplemented the families' improvement or created barriers.

Resources

Child Welfare Information Gateway Resources for screening and assessing family functioning. Available at

https://www.childwelfare.gov/systemwide/assessment/family_assess/parentalneeds/function.cfm

Bay Areas Social Services Association, Family assessment in child welfare services: Instrument comparisons (Johnson, et al., 2006). Available at

http://cssr.berkeley.edu/bassc/public/bassc_familyassessment_full_report091406.pdf

SECTION 2: MEASURING CHILD WELFARE CASE MANAGEMENT

The system and individual- or case-level indicator frameworks presented below can be a starting point for organizations to use for assessing whether key elements are in place for case management at both the system and individual levels. They may be used to categorize current case management practices, identify existing gaps, and pinpoint specific areas for improvement. The frameworks can also be used for routine reviews that track progress, gaps, and growth over time. Both are designed to be completed using data collected from extant materials, but it is possible that additional administrative forms or case notes that specifically address certain indicators may need to be developed or gathered from other sources. Given the wide range of data needed, organizations and service providers should coordinate with partners to determine the most appropriate data collection strategies. Governments, donors, and service providers can use the information the assessment yields to determine how best to invest in child welfare agencies or programs.

Although the frameworks are meant to be comprehensive, some organizations may have urgent needs and challenges to address, making it necessary to focus initially on just a few of the criteria. For example, an organization may have sufficient knowledge about how the country's laws and policies support case management practice, but it may not yet have any assessment of the community's role in the delivery of services or in identifying families' attributes and deficits. Therefore, the assessment would focus on those aspects of case management, at least in the short-term.

The assessment tool has two parts: A – Assessment of system-level case management practice, and B – Assessment of case-level case management practice. The section below elaborates on each piece of the tool, and Appendix A contains the full assessment tool for use by USAID Operating Units. Relevant resources and tools organized by topic are also included in Appendix C.

A. ASSESSMENT OF SYSTEM-LEVEL CASE MANAGEMENT

To explore the practice of child welfare case management, or how organizations deliver services to families in need, it is first necessary to understand the broader systemic factors and entities that influence case management practice. This assessment framework, based on best practices in case management, identifies five core system components that drive service delivery to beneficiaries. These include laws, policies, regulations, and standards; legal authority; community perceptions, values, and networks; human resources; and beneficiaries' categories of needs (see Figure 3). All of these features interact with and build on one another to impact the decision-making processes and progression of services to families in crisis at the system level.

Figure 3: Influences on case management



LAWS, POLICIES, REGULATIONS, AND STANDARDS

An important aspect of working with families in risk situations is the regulatory framework that guides decision making, interventions, and access to the different levels, types, and duration of services to families. The laws and policies that are in place generally guide every aspect of case management. However, these regulations may be interpreted differently from district to district, and even within a single agency. In addition, it is tremendously difficult to regulate every complex family situation or crisis that may emerge. Therefore, it is impossible to have a one-size-fits-all collection of policies; regulations serve as guidelines to help inform decision-making. In Table 1a, indicators of effectiveness and sample questions to assess the state of this component of the case management system are displayed.

Table 1a: Laws, policies, and regulations that serve as guidelines for case management

System Component	Indicators of Effectiveness	Assessment Questions
Laws and Regulations	Laws and regulations exist to guide interventions with families in risk situations.	<ol style="list-style-type: none"> 1. Does a law exist that authorizes the state to intervene with families in risk situations? 2. Do laws or regulations exist that provides guidance on when and how the state might intervene with families in risk situations?
Policies, Standards and Organizational Structure	Any agency designated to intervene with families at risk has clearly identified values, role, and focus.	<ol style="list-style-type: none"> 1. Do lawmakers, policy makers, courts, and agency personnel have a clear understanding of agency roles? 2. Do lawmakers, policy makers, and agency personnel have a clear understanding of the agency's role within the larger systemic

System Component	Indicators of Effectiveness	Assessment Questions
	<p>Agency services are adequately financed.</p> <p>Agency has an effective organizational structure, hierarchy, and decision-making process.</p>	<p>process of working with families?</p> <p>3. Do certification requirements or performance standards exist to ensure that beneficiaries receive appropriate services?</p> <p>4. Does the agency receive sufficient funds to provide the services stipulated by the law and related regulations (direct services, staffing, ongoing training, etc.)?</p> <p>5. Does the agency have a clear organizational structure?</p> <p>6. Are decision-making procedures transparent and clearly understood by agency personnel, beneficiaries, and other stakeholders?</p>

LEGAL AUTHORITY

In addition to agencies that undertake direct service provision to beneficiaries, designated legal authorities, such as a commissions or courts, are integral to ensuring that laws, policies, regulations, and standards are systematically and consistently implemented and applied on a case-by-case basis. Table 1b presents the questions that guide the potential evaluation of court systems' role(s) in the case management process.

Table 1b: Legal authority and its role in case management

System Component	Indicators of Effectiveness	Assessment Questions
Legal Authority	<p>Laws, policies, and regulations that guide interventions with families in crisis are enforced.</p> <p>Court system has an organized decision-making process.</p>	<p>1. Are systematic procedures for intervention in place?</p> <p>2. Are procedures carried out correctly by agency personnel?</p> <p>3. Do agency personnel and designated legal authority communicate well?</p> <p>4. Is a systematic process for judicial decision-making in place?</p>

COMMUNITY PERCEPTIONS, VALUES, AND NETWORKS

In addition, community perceptions can also influence potential resolutions to family crises. What communities value, how they view family crises, and what role they think the state should play will differ. In part because the community can support and reinforce interventions to meet the needs of families at risk, it is important to understand what the community sees as appropriate and effective. For example, should agencies prioritize institutional placement or family reunification? Should they be providing intensive interventions for families to help resolve their difficulties (e.g. substance abuse)? Table 1c identifies indicators that the community is effectively supporting the case management system and a list of initial assessment questions.

Table 1c: The influence of community perceptions and values on case management

System Component	Indicators of Effectiveness	Assessment Questions
Community Perceptions, Values, and Networks	<p>Community members recognize abuse and neglect in families.</p> <p>Community members become appropriately involved in family crises.</p> <p>Community members place value on resolving families' difficulties.</p>	<ol style="list-style-type: none"> 1. How does the community define abuse and neglect (and other family crises)? 2. How has the community determined how to resolve family crises or meet the needs of families at risk in the past? 3. Do community members view the agency's interventions and its support of families in crisis positively? 4. Do community members support funding the agency? 5. Do established informal and formal (institutional) networks exist that include communities and the agency?

HUMAN RESOURCES

Child welfare case management can be highly stressful due to the constant interaction with families in risk situations. Keeping personnel engaged, skilled, and appropriately task-oriented will enhance professionalism within the agency as well as the retention of vital staff members. It will also ensure that families' needs are genuinely being met as case managers are continuously developing and refining their skills in working with family and community members, other agency personnel, and larger system structures, such as the health, education, and justice systems. Tables 1d and 1e identify effective practices and questions for assessing the state of current practices.

Table 1d: The human resources component of child welfare case management

System Component	Indicators of Effectiveness	Assessment Questions
Human Resources Procedures	Recruitment and human resources procedures are in place to identify, hire, and retain qualified personnel.	<ol style="list-style-type: none"> 1. Are appropriate individuals identified and hired for staff positions? 2. Are highly qualified, high performing staff retained? 3. Are the specific knowledge and skill sets necessary for job functions understood and valued?
Professional Development	Appropriate staff participate in training and/or professional development activities.	<ol style="list-style-type: none"> 1. Do staff exhibit up-to-date knowledge of safety and risk and other family challenges? 2. Do agency staff demonstrate a sense of professionalism?
Case Management Training	Case managers and supervisors are trained specifically in case management processes and procedures.	<ol style="list-style-type: none"> 1. Do case managers and supervisors demonstrate appropriate skill in their job performance?

Table 1e: The supervisory component of child welfare case management

System Component	Indicators of Effectiveness	Assessment Questions
Personnel Supervision	Supervisors develop models for guiding agency staff toward improved working relationships with families.	<ol style="list-style-type: none"> 1. Do staff exhibit appropriate and up-to-date skill in case management? 2. Do staff collaborate appropriately with families and other agencies in case planning? 3. Do staff exhibit appropriate case monitoring skills?
Model Development	Models of intervention are devised and refined.	<ol style="list-style-type: none"> 1. Staff exhibit increased knowledge of case planning and delivering interventions. 2. Barriers to implementation have been identified. 3. Interventions are consistently monitored and case plans are adjusted accordingly.
Case Management Supervision	Transparent monitoring and documentation methods are in place and used to track case outcomes.	<ol style="list-style-type: none"> 1. Do staff follow relevant recordkeeping rules? 2. Do staff meet case monitoring standards? 3. Is communication between case managers, supervisors, legal entities, and families appropriate and sufficient? 4. Are case managers able to serve families and communicate with stakeholders efficiently?

FAMILIES IN NEED

Determining which families are most in need of services is at the heart of child welfare case practice. Essentially, child welfare case practice and family behaviors are interdependent, and both share responsibility for improving the functioning of a community. To that end, families' needs and challenges, along with their strengths, will drive how services are implemented. Table 1f illustrates how the case management system should support and interact with families in need.

Table 1f: Involvement of families in need as partners in case management

System Component	Indicators of Effectiveness	Assessment Questions
Identification of Children and Families	Families who are in need of child welfare services are identified.	<ol style="list-style-type: none"> 1. How are those in need of assistance identified? 2. Are routine community outreach and case finding services resulting in early identification of risk and better engagement? 3. How many new families become involved with the agency in a selected time period? 4. How do staff and families assess family functioning and resiliency?

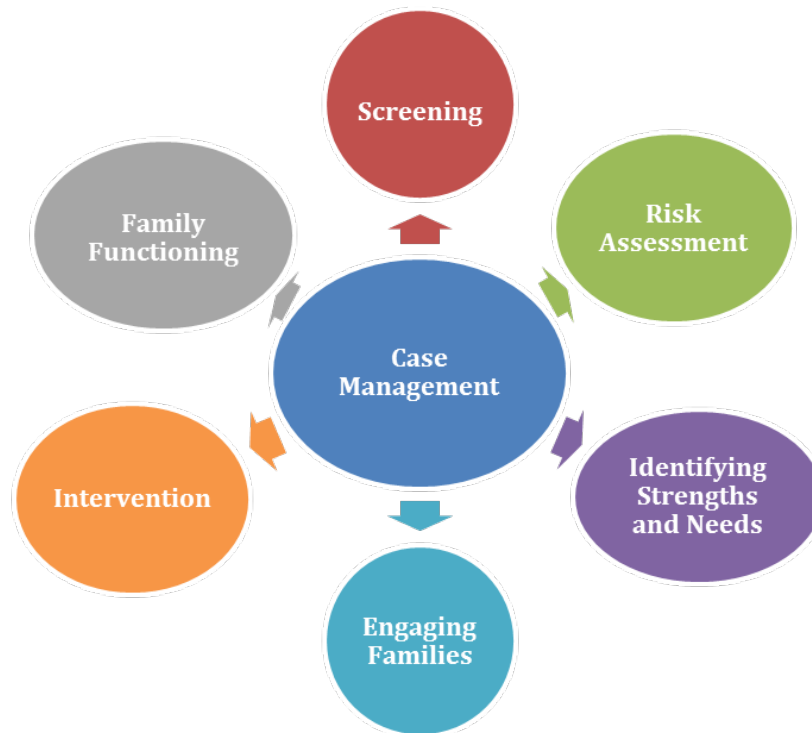
System Component	Indicators of Effectiveness	Assessment Questions
Local Knowledge	The developmental and cultural context of abuse and neglect are routinely assessed.	<ol style="list-style-type: none"> 1. Is the staff's awareness of family functioning and resiliency characteristics grounded in knowledge of the local community and cultural contexts? 2. Do staff have knowledge of the vulnerability of specific ages and developmental levels to family crises (abuse, neglect, trauma, etc.)? 3. Are families aware of the impact family crises can have on children at different ages and developmental levels? 4. Are comprehensive case plans routinely completed jointly with the family/caregiver and child (depending on age of child)? 5. Are families' and communities' views of the agency favorable? Have they changed over time? If so, how?
Children and Families' Involvement	Staff identify, assess, and engage children, family, and community supports.	<ol style="list-style-type: none"> 1. How do staff identify appropriate services for individual families? 2. Are targeted services for addressing abuse and neglect available? 3. Are staff aware of supports available in the local community and within families? 4. Has family and community support for families in crisis increased? 5. To what extent do family members feel connected to each other and the wider community? 6. Are community resources that prevent family separation and keep children in families being appropriately utilized (in most cases, increasingly utilized)? 7. Do case managers and supervisors consistently use a family decision-making model to inform case planning, evaluation, and desired outcomes?
Ongoing Monitoring of Services and Outcomes	Staff understand the evolving nature of families' needs and strengths.	<ol style="list-style-type: none"> 1. Has the presence of risk in the community decreased? 2. Have parenting skills improved? 3. Has family sufficiency increased? 4. Are agency functions and services sufficiently flexible to respond effectively to families' changing needs and strengths?

B. ASSESSMENT OF CASE-LEVEL CASE MANAGEMENT

This assessment tool builds on the final elements of the previously discussed logic models and frameworks with the goal of understanding how a case manager approaches and intervenes with families in need, the role of the supervisor, and how the team functions together to meet the needs of families. There are six key components of case management at the case level that must be successfully executed to ensure consistent, positive outcomes for the majority of clients: screening, risk assessment,

identification of strengths and needs, engaging families, interventions, and family functioning (see Figure 4 below). Indicators of effectiveness for each case management component and questions that help assess achievement of those indicators are identified in the following sections.

Figure 4: Identifying the structure, elements, and components of case management



SCREENING

Screening – the initial contact with families and assessment of their needs – is perhaps the most critical step in helping families meet their needs. Much can be learned about families’ needs by examining the patterns and frequency of families’ outreach to agencies as well as concerns expressed by community members on behalf of families. The case manager considers whether immediate solutions can be identified or determines whether longer-term intervention is needed, as identified by the family, someone close to them, or the agency representative. Table 2a describes the basic approach to assessing the screening component.

Table 2a: Assessing the effectiveness of screening

Case Management Component	Indicators of Effectiveness	Assessment Questions
Effective Screening	<p>Consistent structures exist for families or other community members to request assistance.</p> <p>Guidelines and responsive</p>	<ol style="list-style-type: none"> 1. Are the usual means through which families in risk situations request help (e.g., visit to an agency or religious leader or phone call) known and incorporated into the agency’s work and outreach? 2. Do families easily find out where to go or whom to call within the agency? 3. Is there a specific person or team within an agency who is responsible for responding to requests for help? 4. How does the agency decide to initiate an evaluation or

Case Management Component	Indicators of Effectiveness	Assessment Questions
	protocols are in place to analyze all of the factors—positive and negative—that the family is facing.	<p>intervention?</p> <p>5. What factors, tools, and guidelines are used to determine if a situation should be evaluated? How comprehensive, efficient, and effective are they? What is this protocol?</p> <p>6. Do case managers and supervisors know the most frequent reasons that drive people to contact an agency for assistance and when are they most likely to call? Do they use that information in their work?</p>

RISK ASSESSMENT AND IDENTIFICATION OF STRENGTHS AND NEEDS

Once an assessment is launched, the process of learning more about families' needs, challenges, and potential for danger and harm, as well as their strengths, inherent capabilities, and potential for positive change begins. Family functioning is very complex and identifying these family attributes and challenges may not look the same across all family home environments. One of the most intensive components is to ascertain to what degree a family situation is likely to cause harm to a child or children, and whether an intervention should be initiated to alleviate risk and potential harm. Agencies constantly struggle with revising their tools, procedures, and overall protocol for working with families and identifying their needs.

In addition, it is important to identify if the community and neighborhood can be partners in helping families overcome their present or future difficulties. In Table 2b, assessment questions are posed to assess the efficacy of these case management elements.

Table 2b: Assessing the effectiveness of risk assessment procedures

Case Management Component	Indicators of Effectiveness	Assessment Questions
Risk Assessment	<p>Risks of family situations to children are ascertained.</p> <p>Families are appropriately identified as being in need, and the assessment results are documented.</p>	<p>1. Is the risk assessment process standardized? Is there a specific agency component dedicated to conducting risk assessments and evaluations?</p> <p>2. Are there tools and guidelines used to assess families' situations and are they effective as well as developmentally and culturally appropriate?</p> <p>3. To what extent are assessment findings documented?</p>
Identification of Strengths and Needs	Families' strengths, needs, and available community supports are identified and analyzed.	<p>1. Are supports and strengths of families assessed?</p> <p>2. How effective are staff at assessing clients' strengths and challenges?</p> <p>3. Are community and family supports identified for families in a community resource map?</p> <p>4. Do case managers learn how families respond to these supports?</p>

ENGAGING FAMILIES

After it is determined that a family is in need of agency services, it is important that the family members are involved in their own case planning and decision-making regarding interventions. In addition, agency

staff must learn whether the services provided are meeting their needs through looking at what kinds of interventions and resources are delivered to the family. Table 2c identifies questions for assessing effective engagement and intervention strategies.

Table 2c: Assessing engagement of families and interventions

Case Management Component	Indicators of Effectiveness	Assessment Questions
Engaging Families	Children and their families are engaged in the case management process.	<ol style="list-style-type: none"> 1. Are case managers systematically assigned to families? Are families and staff matched based on certain characteristics? If so, what are they? 2. Can a family request to change its case manager? 3. Do case managers demonstrate specific skills and tools for engaging children and families? 4. How effective are staff at establishing rapport with children and families? 5. Do case managers and supervisors define and measure successful engagement? If so, how? 6. Have agency staff identified child-, family-, and system-level factors that can interfere with successful engagement? If so, how do they use this knowledge in their work?
Interventions	<p>Interventions are individually tailored to meet the specific needs of each family.</p> <p>Interventions that keep the family together and reduce the chance of child placement are used whenever possible.</p> <p>Interventions place children (and families) in the “least restrictive environment.”</p> <p>Interventions follow the criteria and results from the risk assessment.</p> <p>Families obtain access to the services they need.</p>	<ol style="list-style-type: none"> 1. Who has voice and who has final authority on the intervention for the family? 2. What factors are taken into consideration (e.g., family risk, environment, finances) that influence this decision? 3. Are there limitations on the provision of services? If so, what are they? 4. Are there timelines for service delivery to which the service provider and recipient must adhere? 5. Are children removed from families? If so, are there standards and guidelines used for doing so and what do they stipulate (e.g., length, required conditions for and method of reunification)? 6. Are services in place to support family reunification? Are there any gaps in services? 7. What are the most frequent types of services needed? What gaps exist in service provision based on identified need—what services do not exist or are too few for the need? 8. How does the case manager determine when interventions have succeeded? Are there particular indicators? Are there any standardized indicators that are used for all cases? 9. Are successful interventions conveyed effectively to legal authorities? How is success conveyed?

FAMILY FUNCTIONING AND SUBSEQUENT OUTCOMES

The final component entails measuring what happens to families—both in the short-term and long-term—as a result of case manager and agency intervention. Measurement helps agencies learn whether and how families benefit from child welfare case management intervention and analyze what contributes to the outcome. It is important to understand why some families benefit from an intervention while others may not. Some families may become involved with agencies repeatedly, again necessitating enhanced interventions. Ultimately, to understand families' and communities' needs, each type of family outcome needs to be identified, measured, and understood. It is always important to consider the dynamic nature of families as well as the possible impact of challenges identified, proposed interventions, and potential impacts on children based on their ages or developmental stages. Table 2d outlines some of the measurement questions for identifying potential outcomes for families.

Table 2d: Assessing family outcomes of child welfare case management

Case Management Component	Indicators of Effectiveness	Assessment Questions
Family Functioning	<p>Services are coordinated effectively by the case manager.</p> <p>Initial interventions are successful.</p> <p>Reduced numbers of enhanced interventions are required.</p>	<ol style="list-style-type: none"> 1. Do families receive appropriate services for their circumstances? 2. Are prevention services effective for families who receive them? Are there shared characteristics among families for whom they are or are not effective? 3. How many interventions does a family experience? 4. If families are separated, what interventions do the child and family experience? 5. If families are separated, how long is it before they are reunified? 6. When families are reunified, what interventions do the child and family experience? How do they vary across different age groups? 7. Are follow-up services are provided to ensure stability of reunification? If so, how effective are they? 8. What is the procedure or process in place for assisting children who do not reunify? What happens to them--is there a place where they go initially for a time period before permanent homes are found for them? How long are they there, and are efforts made to minimize their length of stay, and how does the process affect children? Are permanent homes located for them? How is the family involved? 9. If reunification does not occur, do families become re-involved with the agency at a later date? What reasons are given for re-involvement and how to case workers utilize this information in their work? Is the amount of time that passes between initial and re-involvement tracked and analyzed?

C. NEXT STEPS

The assessment of the current system is the starting point, as the frameworks suggest. Once the analysis has been done, a strategic planning process should be put in place in which stakeholders prioritize the specific starting points based on the context of service providers, child risk factors, immediacy of child

and family needs, and public and community resources. It is not possible, nor is it good practice, to try to reform or develop all of the components of a case management system at once.

Action planning needs to take into account the local context and what problems are identified as most immediate. For example, as described in the next section on the status of child welfare case management in the E&E region, children separated from their families that were living in residential facilities became a priority for governments throughout the 1990s. Children living in what were called “orphanages” at that time, were already considered high risk because of their placement within the institutional setting (Zeanah, C. H., et al., 2003; Zeanah, C. H., et al., 2009). Therefore, family finding and family reunification became starting points for the development of child welfare case management services (Leon, 2011). Case management outcomes were primarily aimed to reduce the number of children living in residential care and increase family-based care options such as foster care including kinship care. Over time, as priorities changed, case management services have evolved, more in some countries than others, to include children living within families and communities with some varying degrees of risk.

In developing an action plan, it is also important to remember that communities can differ considerably in makeup and complexity. Therefore, the individuals responsible for different components of case management services may vary at the community level. Child welfare case management service may include a wide range of stakeholders such as professionals, paraprofessionals, and community volunteers, foster parents, child care workers and other caregivers, and staff and volunteers of non-profit, religious, and civic institutions and organizations. In some communities, community paraprofessionals or volunteers may have responsibility for various components of case management services. For example, as services developed in the E&E region, especially in rural areas, early identification of risk was viewed as a joint responsibility of teachers, child care workers, voluntary groups, and local religious leaders and/or organizations. Most formal public services and NGOs service providers were initially staffed by paraprofessionals that were provided specialized case management training. Over time, there has been an increase in the number of professionals and formalized gatekeeping mechanisms within child welfare case management systems.

Countries may develop short-term action plans that differ widely based on considerations of priority risk factors, family needs, and resources. They should, however, focus on all elements of case management at the system level and case level in the long-term to ensure that the system functions effectively and efficiently.

In many ways, countries in the E&E region served as a laboratory for the development of both social work and child welfare case management services that now serve as models for other regions involved in child welfare and protection system strengthening initiatives. This next section highlights the status of case management with some discussion of these evolutionary processes that took place and are continuing to take place, given the continued challenges of certain high risk groups. The descriptions are organized around case level and system level components and include some of the identified motivating factors for reforms, strategic approaches, and common gaps.

SECTION 3: STATUS OF CHILD WELFARE CASE MANAGEMENT IN THE E&E REGION

Throughout the region, case management today is most often associated with deinstitutionalization and specifically targeted towards children already in residential care, with an emphasis on family reunification or placement in alternative care. The concept and practice of prevention is closely associated with “prevention of abandonment,” commonly understood as prevention from entering residential care rather than mitigating risk for children and intact families. The association is understandable, since the priority has been meeting the needs of children already separated from their families and addressing the relative long-term damage that children have already experienced. While the focus on deinstitutionalization is important, in order to stem future institutionalization and develop the full continuum of case management services, early identification and outreach to children and families not yet in the system is critical. Therefore, this section summarizes how case management is being implemented in the E&E region, both at the system level and the case level. Using the frameworks discussed previously, it evaluates the current status of case management at each level. More country-specific issues, resources, and illustrations of good practices are presented in the next section of the toolkit. Additionally, Appendix B provides additional resources on child welfare in the E&E region.

SYSTEM-LEVEL COMPONENTS

POLICIES, LAWS, REGULATIONS, AND STANDARDS

Overall, laws and policies in the region reflect the principles of keeping children and families together. They emphasize prevention of institutionalization, deinstitutionalization through family reunification or placement in alternative care, and improvement in access to services. The region’s child welfare laws and policies are heavily influenced by the European Union, UNICEF, and USAID.

There are several inter-country child welfare issues that pose significant challenges to case management practices. They include Trafficking in Persons (TIP) cases and cross-border child neglect cases. E&E countries have signed various international treaties and conventions that are linked to cross-border case management practice. The statuses of countries in regard to these conventions vary:

- All target countries have signed and ratified the *Convention on the Rights of the Child*⁷, yet implementation continues to be a challenge based on the numbers of children that are abandoned, abused, and exploited.
- Armenia, Azerbaijan, Georgia, and Russia have signed or ratified the *Hague Convention on International Adoptions*.⁸ Adoptions from these countries, with the exception of Russia, have been quite limited. Changes in Russia’s adoption laws that came into force in late 2012 resulted in the cessation of the adoption of Russian children by families in the United States (Maceda, 2013).
- Armenia, Georgia, Russia, and Moldova have signed or ratified the *Convention on the Civil Aspects of International Child Abduction*.⁹ All four countries have designated a central authority for abduction

7. The Convention identifies the basic human rights that children everywhere have: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. More information is available at <http://www.unicef.org/crc/>.

8. This Convention ensures that adoption is authorized only by competent authorities, that inter-country adoption enjoys the same safeguards and standards which apply in national adoptions, and that inter-country adoption does not result in improper financial gain for those involved in it. Additional information can be found at http://www.unicef.org/media/media_41118.html.

9. This Convention seeks to protect children from the harmful effects of abduction and retention across international boundaries by providing a procedure to bring about their prompt return. Information on the Convention is available at http://www.hcch.net/index_en.php?act=text.display&tid=21.

cases. Enforcement of orders for children to be returned has received much media attention due to slow processing and lack of inter-country cooperation in abduction cases, which is largely a result of fragmented legal and social services systems.

- Armenia, Russia, and Ukraine have signed or ratified the *Convention on Jurisdiction, Applicable Law, Recognition, Enforcement and Co-operation in Respect of Parental Responsibility and Measures for the Protection of Children*.¹⁰

Most countries in the region have developed anti-trafficking and migration-related legislation and support services to address the growing problem of child trafficking for sexual or economic exploitation and abandonment by parents who cross a border to find work. Some countries have developed separate anti-trafficking institutions as well. Cross-border decision-making and cooperation are critical for adequately addressing the increasing number of incidences of children and parents separated from each other across borders. Most countries do not work cooperatively to ensure the best outcome for their child nationals who may be in need of repatriation or relocation support because doing so requires additional economic and human resources. In 2009, USAID, in collaboration with the International Centre for Migration Policy Development, provided a set of guidelines for the development of a transnational referral mechanism for trafficked persons across eight Southeast European countries.

Resources

In 2008, USAID developed *A Strategic Approach to Characterizing the Status and Progress of Child Welfare Reform in CEE/CIS Countries*. The report provides a strategy for assessing the status and progress of child welfare reform using the best qualitative and quantitative data. The assessment focuses on children without permanent parents who are in state care, which includes true orphans and social orphans. This report is available at http://pdf.usaid.gov/pdf_docs/pnadn294.pdf.

In 2007, USAID also developed, *An Analysis and Strategic Approach to Monitoring the Status and Progress of Child Welfare Reform in 21 CEE/CIS Countries*. This report developed a quantitative methodology intended to provide accurate and useful information to key audiences within U.S. government agencies and host countries' institutions about the status and progress in child welfare and child welfare reform. It is available for download at http://pdf.usaid.gov/pdf_docs/pnadl007.pdf.

LEGAL AUTHORITIES AND STRUCTURES

Gatekeeping has been a starting point for many countries to address the dependence on and inappropriate use of institutional care. Designated authorities at the local level (e.g., departments, commissions, courts) are the main actors in the gatekeeping function of the system, directing children and families to necessary services with the intent of diverting them from institutional to family-based care alternatives when placement is necessary. There are many examples of improvements of sub-national level mechanisms resulting in better targeting of services for specific groups (UNICEF, 2009). For example, new statutory bodies called Guardianship and Care Panels have been established at the regional level in Georgia (UNICEF, 2009). In Moldova, Commissions for the Protection of Children in Difficult Situations have been established (Ministry of Social Protection, Family and Child [MSPFC], 2009a) and have been successful at diverting children to family-based alternative care rather than institutions (USAID, 2012c). Armenia has created Child Protection Units (USAID, 2011a), although diversion from institutional care has been limited (USAID, 2012d). While Azerbaijan does not have specific legal regulations, a network of professionals provides leadership and support for the establishment of gatekeeping functions to reduce the inflow to and increase the outflow from residential

10. This Convention covers a wide range of civil measures of protection concerning children, from orders concerning parental responsibility and contact to public measures of protection or care, and from matters of representation to the protection of children's property. The Convention outline can be downloaded from <http://www.hcch.net/upload/outline34e.pdf>.

care (United Aid for Azerbaijan, n.d.). These gatekeeping bodies are showing some progress in effectively preventing the unnecessary entrance of children into formal care, and especially into institutional care, although there is considerable work to be done (UNICEF, 2009; USAID, 2012c; USAID, 2012d).

In other countries, guardianship bodies are being developed and strengthened in the public agencies that provide case management services. For example, Ukraine's Centers of Social Services for Family, Children, and Youth and Moldova's Social Assistance and Family Protection Units serve as guardianship bodies and play a role in managing and supervising services. The types of services offered include family support and family-based substitute care (UNICEF, 2009).

Although advances have been made in gatekeeping, children continue to enter the system for the wrong reasons, and once in the system, they are unlikely to leave it. The mandates and decision-making methods used by carefully selected and qualified statutory agencies responsible for individual case assessment, decision-making, referral to appropriate services, and regular review of cases need to be clarified and streamlined. A competent child welfare workforce, primarily comprised of social workers, is key to effective decision-making that keeps children with their families. Social workers provide case management services, including assessment, case planning, and reporting to the respective statutory bodies (USAID, 2010). Therefore, building the capacity of the workforce based on case management standards is critical.

Unfortunately, case management standards are lacking at both the system and individual levels, resulting in inconsistencies in practices within countries and even within programs. It is increasingly recognized in the region that effective functioning and sustainability of an integrated system of social services requires that standards be developed, implemented, monitored and measured. Standards need to establish targets that ensure quality and statutory accreditation, and licensing bodies need to hold service providers accountable. Some progress has been made in setting standards, such as Moldova's Minimum Quality Standards on Patronat Care and Romania's Standards on Case Management, yet mechanisms for enforcing implementation of the standards are only in the initial stages of development (UNICEF, 2009).

System-level monitoring and evaluation is one of the biggest gaps in the overall functioning of case management in the region. Research reveals a lack of current databases that are national in scope and capable of tracking children as they move through the system (Groark, McCall, & Li, 2009). This data could be used to highlight gaps in service, such as inaccessibility for children with disabilities, which could then be used to advocate at the program and policy levels for outreach services (e.g., home visits and community level interventions). Although there is recognition of the importance of system-level monitoring, tools and human resources are limited.

COMMUNITY PERCEPTIONS, VALUES, AND NETWORKS

It is generally recognized that there is a need for a wide range of services, which include family support as well as alternative care. In each country's policies and procedures, the various types of services that function as part of a continuum of care are named, (e.g., day care, shelters, hotlines, family support, alternative care), but how the services are inter-related and the ways in which children and families 'move through the system' are not clearly defined. They are often presented as a scheme of services rather than a continuous range of services that are coordinated and integrated by system-level and individual-level case management mechanisms.

Most countries recognize that interagency or interinstitutional coordinating mechanisms are necessary for effective case management. Some countries have developed policies and procedures to support this, such as Armenia's Local Social Plan. Yet, for the most part, there is tremendous inconsistency in how coordinating mechanisms function at the case level. Without a clear institutional agreement across all

service providers, the case manager or the family is required to find ways to address their various service needs. This often happens on a case-by-case basis, resulting in fragmentation and gaps in service.

HUMAN RESOURCES

Although the professionalization of social work case management continues to be considered a novelty within the region, step-by-step progress towards this goal is being made (USAID, 2008b). Moldova, for example, has employed a network of 1,000 social workers at the community level, improving access to social services in both urban and rural areas. Georgia has also expanded its social work workforce—the number deployed has increased by 25 percent over the last few years (UNICEF, 2013). This network provides generic social work services to different populations. It increases the chance that family issues that potentially put children at risk are identified earlier, thus preventing separation (UNICEF, 2009).

Both Ukraine and Bulgaria have demonstrated that it is possible to develop a national social work system in a relatively short period. However, in both countries the coverage is patchy as only a small number of areas have well-developed agencies while many more have very limited services. In addition, social workers tend to be paid very little, resulting in many unqualified staff and high staff turnover (UNICEF, 2009).

CASE MANAGEMENT SUPERVISION STRUCTURES

Social work supervision is a generally recognized practice in the E&E region. However, as practiced, it is primarily comprised of administrative tasks. For example, supervision of direct-line case management staff focuses on what and when a task was done rather than how and why it was done. Some of this is generally attributed to the legacy of communism's supervision for control rather than supervision for competence, quality, and accountability. The authority vested in the supervisor, and the focus on administrative details, often leaves the inexperienced, yet educated and hopeful social worker frustrated and discouraged (Davis, 2010).

CASE-LEVEL COMPONENTS

Implementation of case management at the case level has made great progress across the E&E region. Overall, most of the focus to date has been on the assessment and the development of individual child and family service plans, and one can observe many similarities across countries in terms of how they are implementing child welfare services. One such similarity is the emphasis on social workers as the primary provider of case management services. Many of the documents reviewed for this toolkit note a need for identifying a clear case management process, which includes referral, assessment, service planning, family support, follow-up, monitoring, and adjustment of the service plan.

SCREENING FOR IMMEDIATE NEEDS

Slowly, how child and family risk is defined and understood is starting to expand, at least conceptually. Yet, in practice, identifying children and families who are just beginning to experience risk is not occurring at any scale. The entry point for case management continues to be the child rather than the family. This is driven and exacerbated by an orientation toward medical and deficiency models.

ASSESSING FAMILY STRENGTHS AND RISKS

One of the great strides forward in the implementation of case management at the individual level has been the use of assessment processes. Many useful tools have been developed, primarily by international and national NGOs in cooperation with public services. Although there are recommendations that the tools be shared and adapted, this has not happened in any coordinated way. They are often developed for internal use and vary by organization, project, and location.

PROVIDING OR REFERRING TO QUALITY INTERVENTIONS

The foci of case management in the region today are deinstitutionalization and family reunification or placement in alternative care. While deinstitutionalization is important, it should not be the focus to the exclusion of all else. In order to avoid future institutionalization of children and for the full continuum of case management services to develop, early identification and outreach to children and families is critical. Implementing strengths-based and solution-focused practice models that are embedded within both public and private health and education services will move the prevention and early intervention agenda forward by improving the quality of interventions.

ENGAGING FAMILIES IN THEIR OWN TREATMENT

The implementation of child and family engagement practices and procedures, including child participation, is limited and has been recognized as a need in the region. Effective models and practices for engaging children and families in service planning, goal setting and decision making (including participating as part of the gatekeeping team), are relatively untested. There are internationally tested models such as Family Group Decision-making that exist and are known to some practitioners. They have not yet been implemented and contextualized to specific family cultures, however, such as Roma.

MEASURING FAMILY FUNCTIONING OUTCOMES TO DETERMINE THE IMPACT OF SERVICES

Individual-level monitoring in the region is done on a case-by-case basis and is often handled by the case manager. In general, there is little consistency in oversight or follow-up by multi-disciplinary teams or a regulatory body. Thus, children can easily get “lost” in the system without regular tracking mechanisms that follow their progress. Planning for permanency is extremely important for success. It is especially critical to continue to monitor outcomes when children are reunified with their families.

SECTION 4: GOOD PRACTICES FROM THE FIELD

Case management services developed with investment from USAID have been part of a broader regional strategy to reduce reliance on institutional care for vulnerable children. In a 2009 USAID report, researchers found that child welfare conditions in Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Romania, Russia, and Ukraine were worrisome, and that the democratic and economic stability of the region were still in question (USAID, 2009). Since then, USAID has continued to work with its partners to improve the wellbeing of children.

This section provides country-specific information and examples on how case management at the system and individual level have been designed, developed, and implemented in Armenia, Azerbaijan, Georgia, Moldova, Russia, and Ukraine. These countries were selected based on USAID's past or current support of services for vulnerable children and families that emphasized community care models of services. Although Romania is not currently receiving USAID assistance, it is also highlighted because of USAID's past involvement in the development of case management serves as part of the country's deinstitutionalization initiatives.

Each country description includes at least one resource or activity highlighted as a good practice, with additional regional resources provided in Appendix B. The examples were selected based on discussions with USAID representatives in Washington and the respective USAID Missions. Given that child welfare system reform occurs in incremental steps, the examples are by no means intended provide an exhaustive picture and were chosen to illustrate selected achievements in selected system- and individual-level components.

ARMENIA

Background. The Government of Armenia has implemented a number of laws and policies aimed at reducing poverty, deinstitutionalizing children living in orphanages and boarding schools, promoting education and access to health care, and keeping children with their families. These include:

- The National Plan of Action of the Republic of Armenia for the Protection of the Rights of the Child (2004-2015), which provides guidelines and rules for operationalizing the Convention on the Rights of the Child in Armenia (International Reference Centre for the Rights of Children Deprived of their Family, 2008a). In 2008, the plan was expanded to include child protection.
- In December 2012, the Republic of Armenia Child Protection Strategy and Action Plan for 2013-2016 was approved by the Government of Armenia (GOAM). In 2013, it was revised to reflect the GOAM plans for a strong deinstitutionalization campaign, coupled with the establishment of services that are alternatives to child care institutions (A. Manukyan, personal communication, July 24, 2013).
- Decree 988-N, which was passed in 2004, supported the development of a pilot program for deinstitutionalization of orphans. Through this program, data began to be collected for the first time on children in orphanages, including the reasons for their institutionalization (International Reference Centre for the Rights of Children Deprived of their Family, 2008a).
- Armenia's Family Code was amended in 2005 to formally recognize that children need to be raised in a family environment, making institutionalization acceptable only in the event that no other option is possible (International Reference Centre for the Rights of Children Deprived of their Family, 2008a).

Although national referral mechanism protocols and various government databases exist in Armenia, the entry point for at-risk children remains inconsistent, and the overall system remains weak. Reasons include a lack of qualified staff and an insufficient number of staff at the district and community level. In

addition, there has been little emphasis on social support services for families at risk. While an integrated social services model exists, a central agency or institution is needed for “comprehensive data collection and dissemination, project documentation, research, transformation of field experience into training material, teaching and training, facilitation of national and international exchange, support to public awareness campaigns, etc.” (Salem-Pickartz, 2007, p. 5-6). Improved centralized mechanisms for tracking cases and human capacity development are needed to enhance decision-making regarding where investments are needed.

Good practices. USAID funded the Stakeholders Acting Together for Strengthened Child Protection project, which was implemented by World Vision (World Vision, 2013). The project supported efforts by the Government of Armenia to improve the child protection monitoring system through upgrading the national database of children in especially difficult circumstances, and building the capacity of Guardianship and Trusteeship Committee (GTC) members to monitor case management of at-risk children at the community level. This database, called *Manuk* (Child), is linked to ten databases related to child wellbeing. The project’s overall goals were twofold: (1) to improve the wellbeing of the most vulnerable children in Armenia by strengthening the child protection system; and (2) to empower actors at national, regional and community levels. A primary objective was to build institutional and human resources capacity at all levels of government. The project helped build the capacity of judges and court personnel to serve children in conflict with the law by developing curricula for the National Judicial School and providing training on child rights (USAID, 2011a). The project aimed to strengthen the practice of case management through improving human resource capacity, gatekeeping strategies, and monitoring and evaluation. Training was offered to social workers, psychologists, and doctors on topics including holistic case management and child and family assessment in order to improve the work of multidisciplinary teams. Similar support was also offered to the decision-making authority in child protection cases in order to encourage better decisions that would benefit of the children and families (World Vision, 2013). Finally, assistance was provided to GOAM with regard to data collection, storage, tools, and analysis.

At the case level, the project supported the implementation of individual development plans for selected families and children. These plans, which were created to prevent the placement or re-placement of children into institutions, required that case managers actively engage with school staff and teachers, medical health providers, and psychological service providers. As of June 2013, at the project’s end, 700 children in residential institutions were in a case management process utilizing individualized development plans. As a result of productive efforts made by the social workers, 172 children from the targeted residential institutions were reunited with their biological families. In addition, “due to the development of the [sic] community social work, the project succeeded in prevention of institutionalization of about 600 children” (World Vision, 2013, para 1).

Good Practice Tool**UNICEF Armenia and EducAid (n.d.). Case Management Training Package**

UNICEF Armenia and EducAid created a comprehensive Case Management Training Curriculum for Armenian child welfare professionals. The training places case management within the larger conceptual framework of Integrated Social Services, and is divided into seven modules.

- Module 1 provides a historical overview of case management, modern implementation, and methodology.
- Module 2 provides an institutional and organizational context for effective implementation of case management methodology.
- Module 3 describes how to select social cases for case management methodology and effective means of intake.
- Module 4 explores the process of case management and presents a number of case studies for the practical application of strategies.
- Module 5 analyzes the various individual, family-based, and community-based networks supporting case management.
- Module 6 describes social assessments and social needs evaluations, as well as utilization of a “social dossier.”
- Module 7 covers monitoring and evaluation methods.

For English copies of these curriculum modules, contact redavis@ssw.rutgers.edu.

AZERBAIJAN

Background. The Ministry of Education (MoE) has primary responsibility for the implementation of the State Programme on De-Institutionalization and Alternative Care (2006-2015), with other responsibilities shared among the Ministries of Health (MoH) and the Ministry of Labor and Social Security (MoLSS). The policies on deinstitutionalization and family-based alternative care are difficult to implement, especially in a consistent and strategic way owing to the lack of a specific national-level ministry or body having sole responsibility for planning, commissioning, and delivering child welfare services (UNICEF-CEE/CIS, 2009; Bosnjak & Rajabov, 2012). Although implementation has been moving slowly, the new Law on Social Service, promulgated by the President in 2012, is seen as an important step in moving reforms forward (International Center for Not-For-Profit Law, 2012).

Despite the proliferation of policy and program initiatives, a high number of children are living in institutions and vulnerable families lack access to community-based services. There are a number of pilot programs but their reach has continued to be limited (UNICEF-CIS/CEE, 2009). Most children in residential care (86 percent) are placed there by their biological parents (Husyeynli & Rajabov, 2010). A primary determinant of placement by parents is their lack of knowledge of the importance of child development and growth in the family and the negative impact of institutionalization on children (UNICEF, 2010a).

The government has been slow to develop a range of family-based services, including adoption, foster care, and prevention linked with health care reforms for women and children, and rehabilitation and financial entitlements for children with disabilities. Most alternative services that incorporate case management practices within the community, including outreach and in-home support, are provided by NGOs (Bosnjak & Rajabov, 2012; Larter, n.d.). In addition, the process of reintegrating children who

can potentially return home has been negatively impacted by a lack of coordination and analytic rigor at the gatekeeping level.

Good practices. Azerbaijan has a Master Plan of Transformation of Child Care Institutions, which calls for the development of a full continuum of services from prevention to protection, inclusive of alternative family services and family support (Malancuic, 2010). It supports the use of assessments and development of individual plans for children, as well as the creation of strategic plans for local communities, government institutions, and NGOs.

A program of particular importance is the State Program on Deinstitutionalization and Alternative Care (2006-2015), a joint effort by the Republic of Azerbaijan, the Heydar Aliyev Foundation, and UNICEF. This effort has ushered in a period of growth and development for localized, family-based child welfare in Azerbaijan (European Social Network, 2012). Significantly, the State Program addresses the importance of children's reunification with their biological families.

Another program that had a long lasting impact was the Community-Based Child Support Program (CCSP), funded by USAID and implemented by Save the Children from 2004-2010. Its primary aims were to support the social integration and community-based care of vulnerable Azerbaijani children (Save the Children, 2010). The development of case management was an integral part of the approach. In fact, 12 Children and Family Support Centers (CFSCs) were established to provide direct psychosocial services, including youth programming. In 2008, management and financial oversight of three of the centers were transferred to the Government of Azerbaijan and, at the end of 2010, control of the nine remaining centers were handed over to the State Committee. They continue to operate successfully under the government's leadership (Naghiyev, 2011; Save the Children, 2013).¹¹

Good Practice Example

The NGO United Aid for Azerbaijan (UAFA) has greatly contributed to the advancement of case management in Azerbaijan, using case management as its approach to providing services since 2000. UAFA initiated case management as a model to address the disproportionate number of children with disabilities in institutional care. It started its work at both the system-level and case-level.

At the system-level, UAFA worked with institutions and communities simultaneously. It developed a curriculum and training program for institutional staff on special education and rehabilitation methods, as well as on advocacy and empowerment. Equal emphasis was placed on advocacy and empowerment of community-based groups, policy work, and public awareness.

At the case level, UAFA developed and implemented a model of case management and family support that cuts across vulnerable groups. The rationale was that children with disabilities and their families often have other risk factors (e.g., poverty, mental illness, substance abuse, domestic violence, child abuse and neglect), so it was important not to single out just one risk factor. Today, UAFA's approach provides case management services across all vulnerable groups.

Since 2012, UAFA's six community-based rehabilitation centers have been contracted by public services that targeted 400 children and families within five regions of Azerbaijan.

More information about UAFA's projects is available at <http://www.uafa.org.uk/>.

11. More information is available at <http://resourcecentre.savethechildren.se/sites/default/files/documents/4220.pdf>.

Good Local Resources

Trialing Gatekeeping Systems in Azerbaijan (United Aid for Azerbaijan [UAFA], 2007) provides information on the status of deinstitutionalization and gatekeeping in Azerbaijan. The document also includes a review of UAFA's specific approach to gatekeeping in their respective services, including agency functions, the role of social workers and assessment, and recommendations within the context of Azerbaijan. Appendices include a template for a case plan, the pathway for cases, and a template for case recording. It is available at <http://www.crin.org/docs/Gatekeeping%20UAFA.pdf>.

The Child Protection System in Azerbaijan: Situation Analysis: Resources, Referral Mechanisms, Gaps and Risks Seen from a Child Rights Perspective by Roccella (2007) and published by UNICEF/Azerbaijan maps the child welfare institutional-care system in Azerbaijan, explores protection problems, and identifies priority needs. The political structures, services, and mechanisms relevant to case management and child protection are illustrated through visual maps. Particular risk factors and the special needs of children with disabilities and street children are highlighted. This report pays special attention to referral procedures and the quality of services offered. It is available at <http://www.crin.org/BCN/details.asp?id=12813&themeID=1001&topicID=1010>.

GEORGIA

Background. Circumstances in Georgia, such as a high poverty rate, have led to an increased risk of child abandonment. Parents who cannot provide for their children's basic needs resort to placing them in an orphanage or institution where the children might at least be fed and clothed. Children with disabilities are at especially high risk of institutional placement (International Reference Centre for the Rights of Children Deprived of their Family, 2011). Armed conflicts also aggravate the risk; children who are internally displaced because of conflict in the Abkhazia and South Ossetia regions number around 65,000 (Internal Displacement Monitoring Centre, 2012).

Beginning in early 2000, the Government of Georgia undertook widespread efforts to deinstitutionalize its child welfare system. In 2004, the Ministry of Education and Science adopted a case management approach and hired teams of social workers to lead reintegration programs and foster care services. Later, responsibilities were shifted to the Ministry of Labor, Health, and Social Affairs (MOLHSA) and the Children's Action Plan for 2009-2011 was approved (O'Brien & Chanturidze, 2009). In 2008, amendments to the Plan called for an 80 percent reduction in admissions into family substitute services by increasing access to family support services for vulnerable children. In addition, the Plan called for an increase in the number of trained social workers who utilize case management assessment and intervention methods. Included in the plan was the mandate to create a range of services from protection to prevention, including a shelter for children living on the street, counseling centers, day care centers, family support services, and telephone hotlines. Development of multidisciplinary teams was mandated as a way to improve the referral system (Government of Georgia, 2009; International Reference Centre for the Rights of Children Deprived of their Family, 2011).

Although much progress has been made in decreasing the number of children in institutional care, there has been an increase in the rate of infant institutionalization due to insufficient gatekeeping mechanisms (Transmonee, 2013). This has resulted in longer stays, high caregiver-to-child ratios, and a high mortality rate. In addition, there is a lack of specialized case management services to address mental illness and psychosocial dysfunction, which street children and children lacking parental care experience at much higher rates than other children. Moving reforms forward requires that gatekeeping mechanisms be strengthened with special emphasis on those populations that continue to be high risk for placement in institutional care (Murray, et al., 2012).

Good practices. Of particular importance was the Rebuilding Lives Project, initiated in 2004, funded by USAID, and implemented by Save the Children-Georgia. This effort has supported the Government of Georgia's focus on improving the physical, cognitive, emotional, and psychological wellbeing of children and families at risk (Save the Children, 2012). The program integrated street children and other at-risk children in the Georgian mainstream education system and connected them with appropriate child welfare services. It also established six day care centers, four family support teams, three outreach services teams, and one overnight shelter (USAID, 2007). Overall, the program served more than 5,000 at-risk children and their families, built the capacity of over 2,500 service providers and professionals, and reached more than 100,000 children, parents, and community members through outreach efforts (USAID, 2010).

Rebuilding Lives also fostered the implementation of evidence-based practice by collaborating with research teams to inform their programming. USAID funded two qualitative studies in 2005 and 2006 to examine the causes of child homelessness and the problems experienced by street children and children living in institutions, respectively. The findings from these studies have been used to further inform programs and service planners on how to target and engage at-risk children and families (Wargan & Dershem, 2009; Murray, et al., 2012).

Good Local Resources

The Well-Being of Children and their Families in Georgia: Georgia Welfare Monitoring Survey, Second Stage 2011 by UNICEF Georgia and University of York (2012) was prepared by the Department of Social Policy & Social Work at the University of York, in partnership with the UNICEF Georgia country office. It discusses multiple dimensions of wellbeing and child welfare in Georgia using data collected from the 2011 Welfare Monitoring Survey. Its analysis focuses on various forms of poverty (consumption, material, subjective), social exclusion, and lack of utilities. These problems have worsened in the wake of the global financial crisis, and the authors hope to influence policymakers and social work practitioners who are in a position to develop effective responses. After defining different dimensions of child wellbeing, the report analyzes the specific impacts of a range of social transfers in Georgia and their effectiveness in reducing poverty. The report also addresses health care services by region, health insurance and financial barriers to health care and household coping strategies. This document is available for download from the UNICEF website:

http://www.unicef.org/georgia/resources_6521.html.

No Way Out: An Assessment of the Romani Community in Georgia, a working paper by D. Szakonyi (2008) that was published by the European Centre for Minority Issues (ECMI), provides a systematic overview of the Romani community in Georgia and the Roma in Abkhazia. It presents child welfare professionals with cultural and historical information that is critical to serve Romani children and families appropriately and sensitively. The assessment describes the history of Romani settlements, employment and economic status, discrimination, registration issues, education, health care, religion and culture, community organizations, social relations, migration patterns, and the effects of the Georgian-Abkhaz War on displaced persons. It is available at

<http://www.ecmi.de/news/details/working-paper-39-available-288/>.

Don't Call Me a Street Child: Estimation and Characteristics of Urban Street Children in Georgia, published by Save the Children, USAID, and UNICEF (2009), is based on the *Urban Street Children Study* in Georgia, which provides a comprehensive analysis of street children in four large urban centers: Tbilisi, Kutaisi, Rustavi, and Batumi. It provides estimated numbers and demographics of street children in these regions, includes first-hand accounts from street children themselves, and discusses the influence of programmatic reforms. The report provides tremendous insight into the everyday lives and challenges faced by street children in Georgia, and bears important implications for service providers working with homeless and other vulnerable children. The document is available from <http://resourcecentre.savethechildren.se/node/6347>.

MOLDOVA

Background. Drastic improvements in child welfare have been made since Moldova signed the Convention on the Rights of the Child in 1993. These changes are characterized by a fundamental shift

from institutionalization to family substitute and family support case management services. More recently, Moldova signed the UN Convention on the Rights of Persons with Disabilities (Lyalina & Severinsson, 2009) and is implementing the Action Plan of the Government of the Republic of Moldova's Strategy on the Social Inclusion of Persons with Disabilities, 2010-2013 with the aim of identifying and supporting children with disabilities in accordance with international best practices (UNDP, 2011). There are also policies in place to address the needs of orphans and other vulnerable children living with HIV/AIDS and those affected by it that will use a HIV case management approach in implementation (Republic of Moldova National Coordination Council, 2012).

Although there has been a significant reduction in the number of children in residential care, infants and children with disabilities, including mild disabilities, are still disproportionately placed in residential care (UNICEF Regional Office for CEE/CIS, 2013), most likely without consideration of the alternatives available. Although the gatekeeping system has spread nationally, it is challenged by confusion about roles and responsibilities, the minimal amount of time available for each case, and gaps in responsibilities (UNICEF, 2009). It is also challenged by a lack of alternatives to residential care and the overloading of existing alternative services (Evans, 2013). This fragmentation at the system and service levels creates a disconnect between the mandates and functions of the gatekeeping system.

In 2002, the National Strategy on Child and Family Protection and its Action Plan for 2003-2008 were developed. It was the Government's first strategic plan to improve the child welfare system in Moldova (UNICEF, 2009). One key development that resulted from this plan was the presence of human resources in the child care sector, specifically, the introduction of community social workers (UNICEF, 2009). In fact, the number of social workers rose from less than 100 in 2007 to approximately 1,000 in 2009 (UNICEF, 2009).

The Ministry of Social Protection, Family and Child (MSPFC) was established in 2006 with the formal responsibility for child care reform in Moldova. MSPFC has since been central to the case management service development process and much work has been done to increase the availability of family support services in the community. At the local level, the Social Assistance and Family Protection Directorate/Unit (SAFPD) manages the growing network of community social workers (UNICEF, 2009). It also develops community- or family-based alternatives to residential care for children.

Legislative and policy developments continued. In 2007, the Government launched its National Strategy and Action Plan for the Reform of the Residential Childcare System in Moldova 2007-2012. Since its adoption, the number of children in institutions has decreased markedly, which may be partially attributed to prevention and deinstitutionalization efforts by local public administrations and NGOs. Also, The National Programme on the Development of an Integrated System of Social Services, 2008-2012 was approved in 2008 (Evans, 2013).¹²

Good practices. In an effort to keep children out of unnecessary residential care, a nationwide gatekeeping system has been instituted. This system seeks to ensure objectivity in decision-making related to child separation from the family. First introduced as a pilot program in 2006, a Gatekeeping Commission now exists in every local jurisdiction in Moldova (UNICEF, 2009). The Gatekeeping Commissions receive cases where child separation from the family is advised and makes recommendations about what protection measures are to be provided (Ministry of Social Protection, Family and Child [MSPFC], 2009a).

12. A new plan was issued for 2007-2012. See 2012 Moldova: Evaluation of Implementation of the National Strategy & Action Plan for the Reform of the Residential Childcare System in Moldova 2007-2012 for more information http://www.unicef.org/evaldatabase/index_69929.html.

One particular program of interest is the Partnership for Every Child (P4EC),¹³ funded by USAID. The program aims to enable every child to grow up in a family (Grigorash, 2013). It uses a number of approaches targeting all levels, from the child and family level to the policy level, to increase access to basic services that are supported by a comprehensive child protection response system. The project supports the development of an effective case management system, which includes the expansion of the existing child protection network and the establishment of referral systems and procedures (USAID, 2011b) as well as building case workers' "competences in applying case management, image and authority in the community, collaboration with community actors, and knowledge of different services that can help solving various cases" (Grigorash, 2013, slide 31). The project supports national ministries in strengthening the child protection system, while also building capacities at the local level to plan appropriate care strategically. Other activities include supporting local authorities in providing alternative family-based care to children who lack parental care; improving access to family support and child protection services for families in Falesti and Ungheni; improving child participation; the reorganization and closure of residential institutions; and developing respite foster care for children with disabilities (USAID, 2011b; Grigorash, 2013).

Good Practice Example

A central tenet of Moldova's child welfare approach is the coordination of community social workers with other professionals in making decisions, making referrals, and mobilizing community resources to solve social problems. The community social worker or case manager is an important actor coordinating cases at the local level (MSPFC, 2009b). Community social workers provide services to all groups experiencing difficulty, not only children; this is beneficial because it allows for preventative work with families prior to a child's removal when a child is at risk of removal from the home (UNICEF, 2009).

Moldova supports community social workers in implementing the following case management practices:

1. Case identification and registration;
2. Initial evaluation;
3. Complex evaluation;
4. Individual care plan;
5. Intervention or individual care plan implementation;
6. Monitoring;
7. Case reevaluation and individual care plan revision; and
8. Case closure (MSPFC, 2008).

13. The Partnership for Every Child (P4EC), which originated as the Moldova office of UK-based EveryChild, was launched in June 2012 as an independently operating organization. The organization has strongly advocated and provided direct support for the development and capacity strengthening of foster care institutions in Moldova.

Good Local Resources

Identification, Protection, Assisted Voluntary Repatriation and Children Reintegration Procedure by Terre des Hommes Foundation, Lausanne, Save the Children Moldova, UNICEF Moldova, the Organization for Security and Cooperation in Europe (OSCE) and the Swiss Agency for Development and Cooperation (SDC) (2007) was developed under the Fight Against Child Trafficking (FACT) project in Moldova and details the procedures involved in identification, protection, assisted voluntary repatriation, and reintegration of child survivors of trafficking in Moldova. After explaining the general concepts, principles, target populations, and political structures involved, the report details the steps of each procedure, including child retrieval, identification of a child's parents, preparation for repatriation, and monitoring the status of a repatriated child. The report also includes sample documents for social work practitioners (e.g., a social family questionnaire) and policies relating to trafficked children in Moldova. This report is available from <http://tdh-childprotection.org/documents/identification-protection-assisted-voluntary-repatriation-and-children-reintegration-procedure>

MOVE Annual Report Year IV; Handbook of games for child protection; Manual of psychosocial skills by Terra des Hommes Foundation (2011). From 2008-2012, the MOVE project supported vulnerable children through games and sporting activities. The latest report of the project's activities and findings sheds light on the importance of using recreation and physical activity to engage child victims of physical and emotional abuse, neglect, labor exploitation, and poverty. The project was implemented in both Romania and Moldova, where it engaged thousands of children through partnerships with camps and psychosocial service providers. Additionally, in both countries, the MOVE project trained adult professionals to provide psychosocial support to vulnerable children to ensure sustainability. The report is available for download from <http://tdh-childprotection.org/documents/move-annual-report-year-iv>.

MOVE also published two manuals:

- A handbook of games for child protection: <http://www.tdh.ch/en/documents/traditional-games-for-child-protection>
- A manual of psychosocial skills: <http://www.tdh.ch/en/documents/manual-of-psychosocial-skills>

Situation Analysis of Vulnerable, Excluded and Discriminated Children in Moldova by UNICEF Moldova (2011) commissioned by UNICEF Moldova in cooperation with the National Council of Child Rights Protection (NCCRP) of Moldova, provides a detailed look at the situation of vulnerable children in Moldova. It addresses the following topics:

- General country overview, including demographic trends, public administration, and gender equality;
- Health and nutrition, which addresses child and adolescent health and development;
- Early childhood development and education;
- Child protection, which covers violence and exploitation, juvenile justice, and capacity and policy gaps;
- Social policy and poverty, which analyzes the effectiveness of current systems; and
- Media and children's views.

This report can be accessed at <http://www.unicef.org/moldova/Situation%20of%20children.html>

RUSSIA

Background. For the past 20 years, Russia has worked to improve its child welfare system. While some progress has been made, it is not enough to meet the high level of need. As of 2010, only 55,000 children out of nearly 670,000 without parental care were residing in foster care settings (EveryChild, 2011; Rosstat and UNICEF, 2010). In fact, many of those children living on the street are social orphans who were expelled from institutional care or abandoned without a placement option (International Reference Centre for the Rights of Children Deprived of their Family, 2008d). Statistics also show that about 12 percent of street children have run away from orphanages and boarding schools, sometimes due to abuse by staff or other children.

District-level Social Rehabilitation Service Centers were established to support community-level interventions, such as case management. However, a lack of local infrastructure and human resource capacity has been a significant barrier in providing quality services to children and families. In addition, the design and promotion of service standards and strengthening of child welfare data collection and analysis tools are needed.

Practice models that incorporate effective case management principles have been developed in various districts. Further emphasis is needed on the continuum of care for families that incorporates positive parenting principles and practices. The stakeholder environment in the family and child welfare area is more diverse and vibrant than in previous years.

Good practices. One program of particular interest is the Assistance to Russian Orphans (ARO) program funded by USAID and launched in 1999 that developed a comprehensive system of services for vulnerable children. The projects (ARO1, ARO2, and ARO3) operated within the overall goal of designing and piloting a continuum of services from protection to prevention. ARO expanded social work services to be inclusive of street children, children of HIV-positive women, and children with severe disabilities. The case management methodology developed by ARO demonstrated how case management functions within a continuum while enabling the program to work across different institutional areas and with the range of target populations (International Researches & Exchange Board [IREX], 2010).

The ARO3 project supported the development of a vertical management system within the Tomsk Oblast Department of Family and Children Issues (DFCI), the region's child welfare authority. These advances, alongside the establishments of foster family support services, have led to the implementation of 173 new services and standards in the Tomsk Oblast region. These include early detection of at-risk families and case management, family-based forms of care for orphaned children, rehabilitation for children with disabilities, and training of the child welfare workforce (IREX, 2010, p. 10).

The ARO3 project trained over 13,000 professionals to manage the implementation of foster care and other alternative care settings in a number of regions. Their efforts ultimately reached over 50,000 children and families. In their work with children at risk of social abandonment, ARO3 trained professionals have utilized several important case management approaches. These include early intervention, rehabilitative play, early detection, family-based forms of care, social adaptation of orphanage alumni, and social rehabilitation of children with special needs (IREX, 2010).

Good Practice Example

A model of Multidisciplinary Case Management was developed as part of The Prevention of Abandonment of Children Born to HIV+ Mothers (MAMA+) Project, funded by USAID and implemented by Doctors of the World–USA. This model was developed in St. Petersburg, Russia and three regions of Ukraine – Kyiv, Donetsk, and the Autonomous Republic of Crimea (Simferopol).

Multidisciplinary Case Management is defined as a “complex group of measures carried in close cooperation by a single team of specialists in different disciplines in order to reach common goals aimed at improving the living standards of the client. The term ‘client’ in need of comprehensive social, psychological, legal, medical, pedagogical and other kinds of ‘assistance’ acquires the meaning of a ‘case’” (Doctors of the World–USA, 2007, p. 3). Multidisciplinary Case Management calls for professionals from different disciplines and specialties to jointly engage in the case management process. An article on the model in the journal, *Advances in Preventive Medicine* provides a diagram depicting the case management protocol as well as a model of psychosocial adaptation for recent female prisoners (Yorick, Skipalska, Suvorova, Sukovatova, Zakharov, & Hodgdon, 2012).

The article can be retrieved from <http://www.hindawi.com/journals/apm/2012/316871/>.

Good Practice Example

The ARO3 program focused on Tomsk Oblast, which became an important platform for developing case management standards and best practices. Tomsk State University (TSU) and the University of Alaska School of Social Work in Anchorage established a partnership to foster the professional development of social workers in the Tomsk Oblast region. In the wake of this exchange, TSU students have been able to major in Social Work with Families and Children through a newly established Master's-equivalent program in child welfare. Training curricula in case management were developed and implemented at the municipal and regional levels.

Some English and Russian language curricula can be obtained by contacting the University of Alaska.

Good Local Resources

The National Foundation for the Prevention of Cruelty to Children (NFPC) and USAID Russia co-launched a project called Compass for Childhood in 2010. The project objective is to develop a toolkit for planning, implementing, monitoring, and evaluating child welfare programs based on best Russian practices, and create Centers of Excellence to disseminate the toolkit. The project has produced a number of documents, including the *Package of Services for Child Abuse and Social Abandonment Prevention*, which is published online. These resources are available in both English and Russian from <http://www.sirotstvo.ru>.

Training Curricula by Firefly (2000-2012). Firefly was established in 2000 as a charitable organization that implements child welfare projects in Russia. It specifically advocates for deinstitutionalization, and to a greater degree, training social workers and other professionals to serve vulnerable children and children with disabilities more effectively. Starting in 2011, Firefly's collaborative project with KPMG and USAID, From Institutional Care to Family Support "educates healthcare practitioners, education professionals and social services providers who work with Russian families who are socially at-risk, raising children with disabilities, and fostering or adopting young children from institutions" (Firefly, 2011, para. 1). The training curricula used are comprehensive and wide-ranging. They cover topics such as assessment, child development, effective family engagement, early intervention, and interventions for specific disabilities and conditions. Firefly's training curricula and other documents are available at <http://www.fireflykids.org/online-resources/term/tree>.

UKRAINE

Background. Since 2004, Ukraine has demonstrated tremendous interest in improving its social welfare system, especially child welfare. In fact, the Government of Ukraine passed legislation "promoting permanent families for children, including provisions for adoption, kinship care, foster care, and measures to reform child care institutions" (UNICEF, 2008). These reforms created an important policy framework in which child welfare systems could develop and expand. However, even with these changes, lack of parental care continues to be an issue. This can be linked to the inadequate training of staff responsible for implementing case-level interventions, the understaffing of service centers that assist children, and funding dependent on local governmental budgets (Families for Children Program, 2010; Holt International Children's Services, 2010; International Reference Centre for Children Deprived of Their Families, 2008e).

Foster care alternatives have also proven to be a challenge, especially for children with special needs like those affected by HIV/AIDS. Ukraine has one of the highest HIV/AIDS infection rates in the E&E region. Foster parents who are willing to care for an HIV-positive child must be able to provide that child with his or her own bedroom, something that many foster parents cannot offer (International Reference Centre for Children Deprived of Their Families, 2008e).

Ukraine's system of case management is developing, but it is limited by the capacity of children's services departments to provide the full range of social services. Current levels of service provision do not meet needs. Social work training exists and supervision is promoted in policy but it is variable in practice (Bilson, 2010). Case management is referred to as a "social technique" in Ukraine (and in some other countries in the region). As an innovative method, it continues to be poorly described in practice manuals and guides. Considered a modern approach to social work, service provision shifts from the individual client reaching out to each separate service provider and "managing their own case," to a collaborative process that is coordinated by the case manager along with the multidisciplinary team.

Finally, there is a need for ministries dealing with child protection to harmonize their mandates and implement coordination mechanisms that are specifically linked with the guardianship bodies (UNICEF, 2009). In Ukraine, there are several different ministries that have responsibility for child protection, including the Ministry of Health Care, Ministry of Education, Ministry of Labor and Social Policy, Ministry of Family and Youth, and the State Department of Punishment. They intervene at various levels and are often disconnected and poorly coordinated (Zhylinkova, 2009).

Good practices. One program of particular interest is the Families for Children Program (FCP), which was funded by USAID and implemented by Holt International Children's Services from 2004-2010.¹⁴ Its efforts focused on providing a continuum of services to children who were institutionalized or at risk. The primary aim was to develop the range of services that are important for a functioning case management system, including mobilizing communities to find family-based options for vulnerable children, such as foster families, adoption, and family reunification (Holt International Children's Services, 2010). The overwhelming success of this early trial of preventative services prompted the State Social Services to work with FCP to expand the project to six new sites.

Good Practice Resource

In 2007, Doctors of the World collaborated with the All-Ukrainian Network of People Living with HIV/AIDS (AUN/PLWHA); All-Ukrainian Charity Organization; and the State Social Service for Children, Family and Youth of Ukraine to produce a manual on multidisciplinary case management methodology. It lays out the basic principles of multidisciplinary case management and its stages and includes an in-depth discussion of outreach, service planning, psychological work, social work, and work with young children. The manual also includes a framework for engaging HIV-positive pregnant women, and information on laws and policies pertaining to the protection of children's and women's rights in Ukraine. Tools included in the manual are:

- Preliminary Evaluation (Screening) Form
- Informed Consent Form
- Socio-Psychological Portrait of the Family Tool
- Socio-Psychological Evaluation Form
- Case Management Card
- Service Case Management Plan
- Home Visits Follow-up Card

Contact redavis@ssw.rutgers.edu for a copy of this manual. A leaflet of the MAMA+ for IDUs Project is available at <http://www.healthright.org.ua/en/leafletmama>.

14. Additional information about this program is available at <http://www.familiesforchildren.org.ua/en/library/index.html>.

Good Local Resource

HealthRight International was founded in 1990 with a focus on issues of international health and human rights. In 2005, the organization launched its program in Ukraine and currently operates a number of projects related to HIV, substance abuse, and vulnerable youth. HealthRight collaborates with local partners, including the All-Ukrainian Network of PLWHA; the Ministry of Ukraine for Family, Youth and Sports; the State Social Service for Family, Children and Youth; and Ministry of Health of Ukraine. Resources and toolkits related to child welfare published by HealthRight in Ukraine include:

- *Complex Care and Assistance to Homeless and Neglected Children: Methodological Recommendations* – A comprehensive training curriculum for children’s services professionals;
- *Multidisciplinary Case Management Methods Manual for Work with Homeless Neglected Children* – A manual sponsored by the World Childhood Foundation, which acquaints professionals with the theoretical and practical aspects of case management methodology as it pertains to vulnerable children; and
- *STEPS: educational trainings for teenagers* – A guidebook to conduct trainings with adolescents on HIV, substance abuse, STI contraction, and other risks.

These and other HealthRight International publications in Ukrainian and English can be accessed at <http://www.healthright.org.ua/en/ourpublications>.

ROMANIA

Background. Efforts to reform Romania’s child welfare system started in 1993 when the Government of Romania declared its intent to create child welfare services that were alternatives to institutions. In 1997, legislation was passed that created a single child protection authority, The National Authority for Child Protection, and decentralized child welfare services, funding, and decision-making from the national to the local, county level. This was a window of opportunity for a systemic approach to reducing reliance on institutions, with a clearly stated goal to close the large child-care institutions (USAID, 2009).

USAID played a very important role in child welfare reforms in Romania, contributing to human capacity and policy development and the creation of community-based, family-focused child welfare services. In 1998, USAID funded two demonstration projects that implemented a continuum of community-based child welfare services in three target counties. The two projects were the Child Welfare and Protection Project by World Vision and Bethany Christian Services and the Child Welfare and Protection Project by Holt International Children’s Service. A practice approach was developed based on a continuum of care that shifted the focus from residential care to family-based care and developed a social work case management approach to service intervention.

Reforms were further rolled out from 2001 to 2007 with support from World Learning’s ChildNet program. A key outcome, which built on the development of case management practice models, was the development of Romanian child welfare legislation in 2004. This legislation gave precedence to preventive services and family-based alternative care (e.g., kinship care, foster care, and domestic adoption). In addition, a Social Work Law (466/2004) became effective in January, 2005, recognizing social work as an independent profession and field of practice.

With USAID assistance and the legal framework in place, the National College of Romanian Social Workers (CNASR), a professional, non-governmental, non-political, non-profit, and independent organization, was created. CNASR serves as the body that controls and supervises the practice of social workers according to legal regulations. Romania’s social work licensure law includes qualification criteria for a supervisor set at the same level as that of a case manager. The regulation states the level of

specialist requires three- to five-years' experience. Only at the level of specialist can a social worker take on the responsibilities of case manager, supervisor, or team coordinator (National College of Romanian Social Workers, 2005).¹⁵

Many advances have been made, including the continued decrease in the number of children living in institutional care (mostly because young people graduate and leave institutions), and the expanded accessibility of community-based child welfare services. However, with Romania's entry into the European Union in 2007 and the withdrawal of a number of foreign donors, including USAID,¹⁶ investment in local services has stalled (USAID, 2009). One area of concern is the abandonment of infants in maternity hospitals. Advancing the practice of case management's gatekeeping function within health facilities can be one approach to addressing this concern (UNICEF, 2009).

Good practices: Romania has created a legal and regulatory framework that sets specific service and personnel standards. In 2005, the *Mandatory Minimum Standards for Case Management in the Child Welfare Sector* came into force. These standards state that "case management, as applied in the child welfare sector, represents a coordination method [sic] of all social work and special protection activities developed in the best interest of the child by professionals from various private and public services/institutions" (National Authority for Child Protection and Adoption,¹⁷ 2004, p. 1).

Romania also has minimum standards for services that are part of a continuum of protection and prevention services, including day care centers for children with disabilities; children's hotline; counseling centers for abused, neglected, and exploited children; and community resource centers for prevention of child abuse, neglect, and exploitation (December 16, 2003, Published in the Official Gazette, Part I no. 52 and effective January 22, 2004). Romania's *Mandatory Minimum Standards for Day Care Centers for Children with Disabilities* (Order No. 25/2004) incorporates many aspects of case management, including intervention plan, advocacy, multidisciplinary planning and decision-making, engagement of the child and family in planning and services, interinstitutional collaboration and monitoring, and follow-up. In addition, the social work licensing law includes qualification criteria that require professionals to have at least three to five years of experience to be considered a case manager, supervisor, or team coordinator (National College of Romanian Social Workers, 2005).

Good Practice Illustration

Romania's Minimum Standards for Case Management in the Child Welfare Sector

The purpose of using case management in the child welfare sector is, at a minimum, to provide child protection, to assist children with disabilities and to address child abandonment, and to prevent institutionalization.

The minimum standards complement the mandatory minimum standards for child welfare services and the methodological guide for the assessment of a child with disability and his or her inclusion. Each standard includes results and indicators that elaborate the specific inputs, outputs, and results (outcomes) for each standard. The standards and indicators are grouped into three categories: use of the case management method, stages of case management, and the case manager.

USE OF THE CASE MANAGEMENT METHOD

Standard 1: Case management is used as a method when the child is in a situation that requires it due to an emergency, or the complexity and duration of problems.

Standard 2: The case management process is an organized, rigorous, efficient, and coherent multidisciplinary and

15. More information on the CNASR in English and Russian can be found on the official site: <http://www.cnasr.ro/>.

16. More information on the history of USAID's child welfare programs in Romania can be found in *USAID and Child Welfare Reform in Romania (2006)*, available at http://pdf.usaid.gov/pdf_docs/pdach405.pdf.

17. The name and structure has changed to the Department of Child Protection, Ministry of Work, Family and Social Protection (<http://www.copii.ro/>.)

interinstitutional intervention that ensures needed family/legal representation and involvement of other individuals important for the child.

STAGES OF CASE MANAGEMENT

Standard 3: Initial assessment – The case manager completes the initial assessment within 72 hours after recording the direct request, referral or case notification (unless another standard takes precedence).

Standard 4: Detailed/complex assessment – The case manager, together with team of professionals, performs a comprehensive and multidimensional assessment of the child's situation in his or her socio-family environment. Active involvement of the children and the family or legal representative is required.

Standard 5: The multidisciplinary team – The case manager ensures the involvement and collaboration of a team of appropriate professionals and institutions during all stages of case management and timely interventions.

Standard 6: The individualized protection plan and the service plan – The case manager, with the team, creates the individualized plan and service plan, respectively, within 30 days after recording the case, with the active involvement of the child and his or her family or legal representative.

Standard 7: Monitoring and reassessment – The case manager monitors the completion of the individualized protection plan/service plan and records the progress towards resolving the child's situation until the support or protection program no longer is necessary.

Standard 8: Post-service monitoring and case closure – The case manager ensures the implementation of post-service monitoring activities for the purpose of determining the results following the completion of the goals and objectives of the individualized protection and service plans.

THE CASE MANAGER

Standard 9: Recruitment and employment – Case managers and officers are hired with attention and responsibility to a recruitment and employment process in compliance with Romanian legislation.

Standard 10: Main responsibilities and delegating responsibilities – The service provider creates job descriptions for case managers and officers according to the legislation and the provisions of the present mandatory standards. Service providers must give priority to the case management method when setting procedures and methodologies in the delivery of child protection services.

Standard 11: Initial and ongoing training – Case managers must have the appropriate professional training and skills for working with children and a team. They are required to have at least 42 hours of training in case management and child welfare and related interdisciplinary sector issues per year, financed by the employer's budget. Recommended themes include case management functions, child/family-case manager relationships, professional ethics and confidentiality, eligibility criteria, types of services, advocacy assessment methods and procedures, and planning and monitoring.

Standards 12: Supervision – The service provider institutes an efficient system for the supervision of human resources, and case managers are supervised by training professionals with experience in the child welfare case management sector.

Source: Adapted from the Minimum Standards

Good Local Resources

The Jordan Institute for Families at the University of North Carolina School of Social Work, World Vision, and USAID developed training curricula for use in Romania.

The *Curriculum for Case Management in Child Welfare in Romania* consists of eight modules: basics of case management; community collaboration and resource development; communication in case management; strengths-based assessment; self-care for case managers; ongoing services and support; cultural competency; and planning with families.

The *Foundation Curriculum for Romanian Child Welfare Supervisors* training consists of eight modules: overview of social work supervision; the five roles of supervision and program management; adult learning principles and individual learning styles; stages of group development and team building; meeting with groups; time, stress management, and delegation skills; developing and affirming your program's mission; and hiring new employees.

The *Curriculum for Experienced Romanian Child Welfare Supervisors and Managers* provides a more advanced training on child welfare supervision. It consists of six modules: coaching and motivating your employees; managing employee performance; conflict management skills; managing change and making ethical decisions; building community through community dialogues; and launching new programs and partnerships.

For English or Romanian copies of these curricula, contact redavis@ssw.rutgers.edu.

Sharing good practice in supporting kinship carer's to prevent substance related harm to young people that was presented by Mentor UK and Holt Romania and was created for the EU Kinship Carers project in 2011. The EU Kinship Carers project ran from 2009-2011 in Romania, with the aim of exploring the challenges facing kinship carers and the best ways to support them. Kinship care is when a child is in the care and protection of relatives, godparents, stepparents or other adults who may be considered family. The project sought to improve the quality of prevention programs, targeting children who live with kinship carers in order to prevent harm related to alcohol and drug abuse. The presentation describes how growing up around substance abuse leads to additional risks for children, asserts that many kinship carers are not well supported, and provides best practices for needs assessment and implementation of kinship support services. For an English copy of this presentation, please visit http://ec.europa.eu/eahc/documents/projects/highlights/Addiction_Prevention_25-26_January_2010/402_KINSHIP_Mentor.pdf or contact redavis@ssw.rutgers.edu.

The minimum standards issued by Romania's National Authority for Child Protection and Adoption:

- Case management in the child welfare sector: <http://www.crin.org/BCN/details.asp?id=9813&themelD=1001&topicID=1007>
- Day care centers: <http://www.crin.org/docs/Romania%20-%20Minimum%20Standards%20day%20care%20centers.doc>
- Day care centers for children with disabilities: <http://www.crin.org/docs/Romania%20-%20Minimum%20Standards%20for%20Day%20care%20centers%20-%20disabilities.doc>
- Children's hotline, counseling center for abused, neglected and exploited children, and community resource centers for the prevention of child abuse, neglect and exploitation: <http://www.crin.org/docs/Romania%20-%20minimum%20standards%20for%20the%20children's%20hotline,%20themandatory%20minimum%20standards%20for%20the%20counseling%20center.doc>

FINDINGS AND RECOMMENDATIONS

FINDINGS

Case management is a critical element of a strong child welfare system. Using a consistent process to provide a range of range of social, psychological, health, and other services enables social workers to assist children and families improve their functioning and wellbeing. There are two distinct perspectives on case management that are important for assessing the strengths and weaknesses of a child welfare system: the macro- or systems-level and the micro- or individual-level. Current evidence identifies six elements of case management at the system level and five elements of case management at the individual level that are critical for ensuring effective service delivery and coordination.

At a system level, the factors that affect case management include those related to the legal and regulatory framework (laws, policies, regulations, and standards), the agencies responsible for implementing and enforcing the law (legal authority and agency human resources and supervision), the community and its resources, and children and families themselves.

- The laws, policies, regulations, and standards have to create the legal basis for the state to intervene with families in risk situations and identify the agency or agencies responsible for those interventions.
- In addition, the legal authorities responsible for implementing and enforcing those laws must have systematic procedures and decision-making processes in place, and must have clear lines of communication.
- Community perceptions, values, and networks influence outcomes directly and indirectly. Community members recognizing abuse or neglect may precipitate a family's entry into the child welfare system. Indirectly, agency connections with community networks of support may be important resources for a family to improve its functioning.
- A professional child welfare system requires qualified personnel (at both case manager and supervisor levels) who have access to ongoing professional development.
- The system also needs appropriate supervision and oversight. Supervisors are critical in mentoring staff to work more effectively with families, monitoring case management and case outcomes, and refining models of intervention to be more effective.
- Children and families must be involved in improving their situation. Child welfare case practice and family behaviors are interdependent, and both share responsibility for improving the functioning of a community.

The factors that influence outcomes at the individual, case level include screening, risk assessment, identification of strengths and needs, engagement of families and interventions, and family functioning.

- Screening is perhaps the most critical element of the individual case management cycle. For screening to be effective, families or community members must have a way to request assistance, and the case worker doing the initial screening must follow responsive protocols that take into account all positive and negative factors the individual or family is facing.
- Risk assessment is another vital step after the initial screening. Case managers must identify the risks to the child or children and family's attributes and challenges using developmentally and culturally appropriate tools. They must also document the assessment findings to ensure that needs can be appropriately met.

- Identifying a family's strengths and needs, as well as the available community supports is an ongoing process. Since their needs evolve over time and community resources may change, case managers should have access to updated resource maps and seek feedback on whether interventions have altered a family's needs or strengths.
- Engaging children and families and providing effective interventions is at the core of good case management. Interventions must be tailored to a family's specific circumstances, keep the family together whenever possible, and ensure that children and families are in the least restrictive environment based on the results of the risk assessment.
- Finally, the ultimate goal is to encourage improved family functioning. Assessing family functioning to determine the impact of interventions is also an important component of case management.

It is clear that tremendous progress has been made towards advancing case management and the professionalization of social work in the E&E region. Despite these advances, however, gaps in service remain and current practices could be strengthened. Some children who would benefit most from effective case management are being left behind, especially those with disabilities and of ethnic minority origin such as the Roma. Some key findings include:

Case Management at the System Level: Although they are recognized as important, system-level mechanisms and practices have received the least amount of attention in the development of case management services:

1. Gatekeeping mechanisms in different sectors are not coordinating their efforts, resulting in negative outcomes for children. For example the increase in the institutionalization of infants, which is a serious concern because of the damaging effect it has on a young child's health and development, is a result of the lack of coordination between the health sector, where infants often enter the system, and the child welfare sector, where the responsibility for keeping children in family care lies.
2. In some countries, the continuum of care continues to be seen as a scheme of services or centers of service provision rather than a conceptual framework in which children and families move through the system as their needs change.
3. Excellent tools developed within the region that could be adapted to different country contexts and help governments, agencies, and communities have not been widely shared.
4. Despite the need for a coordinated approach at all levels, emphasis has been placed on individual level case management, which has resulted in a lack of attention to systemic or macro-level case management.

Case Management at the Individual Level: Development of case management has primarily focused on direct practice with children and families with a strong emphasis on children separated from their families or at-risk of separation. Some key findings at the case level include:

1. Case management is most often associated with deinstitutionalization rather than working in community-based settings with families at-risk. Therefore, less emphasis has been placed on prevention because case management is most often targeted to children already in out-of-home placement.
2. Individual case management approaches have not yet incorporated family strengths as a major component in most countries.

3. Research revealed that little is documented on how to adapt case management principles and practices to marginalized groups in the E&E region.

RECOMMENDATIONS

There are many entry points to improving the case management system at either the system level or the individual level. In most cases, it would be useful to complete an assessment of the system's current status using extant data to complete the matrices provided in the Case Management Assessment Tool in Appendix A. Upon completion of the data analysis, a strategic planning process involving key stakeholders may be undertaken to ensure that proposed changes to the case management system reflect the local or national context: service providers, child risk factors, immediacy of child and family needs, and public and community resources. As the plan is developed, urgent needs and variation in community resources are particularly important issues to consider. Finally, the plan should be realistic and avoid trying to reform or develop all of the components of a case management system at once. Short-term and long-term plans may be needed to address all elements of case management at the system level and case level in the long-term to ensure that the system functions effectively and efficiently.

As stakeholders begin to develop their action plans for achieving the larger strategic goals, a number of forward-looking strategies and approaches may be useful to continue to move effective case management practices forward.

Case Management at the Systems Level: The following are areas in which action can be taken that will greatly help strengthen case management systems:

1. In general, immediate investment is needed to strengthen and coordinate gatekeeping mechanisms and expand the network of social services, especially for children with disabilities who continue to be disproportionately placed in institutional care and who often do not come under the purview of the child welfare and protection gatekeeping mechanisms.
2. System and network mapping are critical for establishing a unified and collaborative approach to case management at the government, agency, and community levels. This process can also help stakeholders visualize the continuum of care and any gaps in services.
3. Case management services need to be embedded in other government agencies and community organizations, such as maternity hospitals, schools, detention centers, and health clinics. It may be useful to look at case management models used by other professions for effective approaches, especially nursing. Nursing case management is a specific professional field that parallels social work.
4. The aim of the continuum of care should be moving children from a higher level (more restrictive environment) to a lower level of care (least restrictive environment) as quickly as possible.
5. Child welfare agencies and other service providers could seek out and adapt the many excellent tools that have been developed in other countries across the region.
6. Good practices in case management require interinstitutional cooperation (usually codified through formal agreements between agencies), which could include sharing assessment, planning, and monitoring tools.

Case Management at the Individual Level: There are excellent examples of how case management has been applied when reintegrating children separated from their families or working with those at risk of separation. The following highlight some key suggestions for continuing to advance good case management practice at the individual or case level:

1. Implementing more strengths-based and solution-focused practice will move the prevention and early intervention agenda forward and ensure that children do not continue to enter the system for the wrong reasons.
2. Although generic case management has been applied in many cases, more attention should be paid to serving specialized populations. Evidence-based approaches on how to adapt case management principles and practices to marginalized groups in the E&E region are needed. This requires linking with universities, advocacy organizations, and individual researchers who specialize in researching and assisting hard-to-serve populations.
3. In order to develop the full continuum of case management services, early identification and outreach to children and families experiencing difficulties is critical. Often, these families are not yet known to a child welfare agency. One approach is to embed case managers within other child-serving institutions and agencies, such as day care centers, schools, and health care facilities and services.

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APPENDIX A: CASE MANAGEMENT ASSESSMENT TOOL

Part A: Case Management System Components

System Component	Indicators of Effectiveness	Assessment Questions	Discussion/Notes
Laws and Regulations	Laws and regulations exist to guide interventions with families in risk situations.	<ol style="list-style-type: none"> 1. Does a law exist that authorizes the state to intervene with families in risk situations? 2. Do laws or regulations exist that provides guidance on when and how the state might intervene with families in risk situations? 	
Policies, Standards, and Organizational Structure	<p>Any agency designated to intervene with families at risk has clearly identified values, role, and focus.</p> <p>Agency services are adequately financed.</p> <p>Agency has an effective organizational structure, hierarchy, and decision-making process.</p>	<ol style="list-style-type: none"> 1. Do lawmakers, policy makers, courts, and agency personnel have a clear understanding of agency roles? 2. Do lawmakers, policy makers, and agency personnel have a clear understanding of the agency's role within the larger systemic process of working with families? 3. Do certification requirements or performance standards exist to ensure that beneficiaries receive appropriate services? 4. Does the agency receive sufficient funds to provide the services stipulated by the law and related regulations (direct services, staffing, ongoing training, etc.)? 5. Does the agency have a clear organizational structure? 6. Are decision-making procedures transparent and clearly understood by agency personnel, beneficiaries, and other stakeholders? 	

System Component	Indicators of Effectiveness	Assessment Questions	Discussion/Notes
Legal Authority	<p>Laws, policies, and regulations that guide interventions with families in crisis are enforced.</p> <p>Court system has an organized decision-making process.</p>	<ol style="list-style-type: none"> 1. Are systematic procedures for intervention in place? 2. Are procedures carried out correctly by agency personnel? 3. Do agency personnel and designated legal authority communicate well? 4. Is a systematic process for judicial decision-making in place? 	
Community Perceptions, Values, and Networks	<p>Community members recognize abuse and neglect in families.</p> <p>Community members become appropriately involved in family crises.</p> <p>Community members place value on resolving families' difficulties.</p>	<ol style="list-style-type: none"> 1. How does the community define abuse and neglect (and other family crises)? 2. How has the community determined how to resolve family crises or meet the needs of families at risk in the past? 3. Do community members view the agency's interventions and its support of families in crisis positively? 4. Do community members support funding the agency? 5. Do established informal and formal (institutional) networks exist that include communities and the agency? 	
Human Resources Procedures	<p>Recruitment and human resources procedures are in place to identify, hire, and retain qualified personnel.</p>	<ol style="list-style-type: none"> 1. Are appropriate individuals identified and hired for staff positions? 2. Are highly qualified, high performing staff retained? 3. Are the specific knowledge and skill sets necessary for job functions understood and valued? 	
Professional	<p>Appropriate staff participate in</p>	<ol style="list-style-type: none"> 1. Do staff exhibit up-to-date knowledge of 	

System Component	Indicators of Effectiveness	Assessment Questions	Discussion/Notes
Development	training and/or professional development activities.	<p>safety and risk and other family challenges?</p> <p>2. Do agency staff demonstrate a sense of professionalism?</p>	
Case Management Training	Case managers and supervisors are trained specifically in case management processes and procedures.	1. Do case managers and supervisors demonstrate appropriate skill in their job performance?	
Personnel Supervision	Supervisors develop models for guiding agency staff toward improved working relationships with families.	<p>1. Do staff exhibit appropriate and up-to-date skill in case management?</p> <p>2. Do staff collaborate appropriately with families and other agencies in case planning?</p> <p>3. Do staff exhibit appropriate case monitoring skills?</p>	
Model Development	Models of intervention are devised and refined.	<p>1. Staff exhibit increased knowledge of case planning and delivering interventions.</p> <p>2. Barriers to implementation have been identified.</p> <p>3. Interventions are consistently monitored and case plans are adjusted accordingly?</p>	
Case Management Supervision	Transparent monitoring and documentation methods are in place and used to track case outcomes.	<p>1. Do staff follow relevant recordkeeping rules?</p> <p>2. Do staff meet case monitoring standards?</p> <p>3. Is communication between case managers, supervisors, legal entities, and families appropriate and sufficient?</p> <p>4. Are case managers able to serve families and communicate with stakeholders efficiently?</p>	

System Component	Indicators of Effectiveness	Assessment Questions	Discussion/Notes
Identification of Children and Families	Families who are in need of child welfare services are identified.	<ol style="list-style-type: none"> 1. How are those in need of assistance identified? 2. Are routine community outreach and case finding services resulting in early identification of risk and better engagement? 3. How many new families become involved with the agency in a selected time period? 4. How do staff and families assess family functioning and resiliency? 	
Local Knowledge	The developmental and cultural context of abuse and neglect are routinely assessed.	<ol style="list-style-type: none"> 1. Is the staff's awareness of family functioning and resiliency characteristics grounded in knowledge of the local community and cultural contexts? 2. Do staff have knowledge of the vulnerability of specific ages and developmental levels to family crises (abuse, neglect, trauma, etc.)? 3. Are families aware of the impact family crises can have on children at different ages and developmental levels? 4. Are comprehensive case plans routinely completed jointly with the family/caregiver and child (depending on age of child)? 5. Are families' and communities' views of agency favorable? Have they changed over time? If so, how? 	
Children and Families' Involvement	Staff identify, assess, and engage children, family, and community supports.	<ol style="list-style-type: none"> 1. How do staff identify appropriate services for individual families? 2. Are targeted services for addressing abuse and neglect available? 3. Are staff aware of supports available in the local community and within families? 	

System Component	Indicators of Effectiveness	Assessment Questions	Discussion/Notes
		<ol style="list-style-type: none"> 4. Has family and community support for families in crisis increased? 5. To what extent do family members feel connected to each other and the wider community? 6. Are community resources that prevent family separation and keep children in families are being appropriately utilized (in most cases, increasingly utilized)? 7. Do case managers and supervisors consistently use a family decision-making model to inform case planning, evaluation, and desired outcomes? 	
Ongoing Monitoring of Services and Outcomes	Staff understand the evolving nature of families' needs and strengths.	<ol style="list-style-type: none"> 1. Has the presence of risk in the community decreased? 2. Have parenting skills improved? 3. Has family sufficiency increased? 4. Are agency functions and services sufficiently flexible to respond effectively to families' changing needs and strengths? 	

Part B: Individual Case-Level Components

Case Management Component	Indicators of Effectiveness	Assessment Questions	Discussion/Notes
Effective Screening	<p>Consistent structures exist for families or other community members to request assistance.</p> <p>Guidelines and responsive protocols are in place to analyze all of the factors—positive and negative—that the family is facing.</p>	<ol style="list-style-type: none"> 1. Are the usual means through which families in risk situations request help (e.g., visit to an agency or religious leader or phone call) known and incorporated into the agency's work and outreach? 2. Do families easily find out where to go or whom to call within the agency? 3. Is there a specific person or team within an agency who is responsible for responding to requests for help? 4. How does the agency decide to initiate an evaluation or intervention? 5. What factors, tools, and guidelines are used to determine if a situation should be evaluated? How comprehensive, efficient, and effective are they? What is this protocol? 6. Do case managers and supervisors know the most frequent reasons that drive people to contact an agency for assistance and when are they most likely to call? Do they use that information in their work? 	
Risk Assessment	<p>Risks of family situations to children are ascertained.</p> <p>Families are appropriately identified as being in need, and the assessment results are documented.</p>	<ol style="list-style-type: none"> 1. Is the risk assessment process standardized? Is there a specific agency component dedicated to conducting risk assessments and evaluations? 2. Are there tools and guidelines used to assess families' situations and are they effective as well as developmentally and 	

Case Management Component	Indicators of Effectiveness	Assessment Questions	Discussion/Notes
		<p>culturally appropriate?</p> <p>3. To what extent are assessment findings documented?</p>	
Identification of Strengths and Needs	Families' strengths, needs, and available community supports are identified and analyzed.	<ol style="list-style-type: none"> 1. Are supports and strengths of families assessed? 2. How effective are staff at assessing clients' strengths and challenges? 3. Are community and family supports identified for families in a community resource map? 4. Do case managers learn how families respond to these supports? 5. How many new families become involved with the agency in a selected time period? 	
Engaging Families	Children and their families are engaged in the case management process.	<ol style="list-style-type: none"> 1. Are case managers systematically assigned to families? Are families and staff matched based on certain characteristics? If so, what are they? 2. Can a family request to change its case manager? 3. Do case managers demonstrate specific skills and tools for engaging children and families? 4. How effective are staff at establishing rapport with children and families? 5. Do case managers and supervisors define and measure successful engagement? If so, how? 6. Have agency staff identified child-, family-, and system-level factors that can interfere 	

Case Management Component	Indicators of Effectiveness	Assessment Questions	Discussion/Notes
		with successful engagement? If so, how do they use this knowledge in their work?	
Interventions	<p>Interventions are individually tailored to meet the specific needs of each family.</p> <p>Interventions that keep the family together and reduce the chance of child placement are used whenever possible.</p> <p>Interventions place children (and families) in the “least restrictive environment.”</p> <p>Interventions follow the criteria and results from the risk assessment.</p> <p>Families obtain access to the services they need.</p>	<ol style="list-style-type: none"> 1. Who has voice and who has final authority on the intervention for the family? 2. What factors are taken into consideration (e.g., family risk, environment, finances) that influence this decision? 3. Are there limitations on the provision of services? If so, what are they? 4. Are there timelines for service delivery to which the service provider and recipient must adhere? 5. Are children removed from families? If so, are there standards and guidelines used for doing so and what do they stipulate (e.g., length, required conditions for and method of reunification)? 6. Are services in place to support family reunification? Are there any gaps in services? 7. What are the most frequent types of services needed? What gaps exist in service provision based on identified need – does not exist or too few for the need? 8. How does the case manager determine when interventions have succeeded? Are there particular indicators? Are there any standardized indicators that are used for all cases? 9. Are successful interventions conveyed efficiently and effectively to the legal 	

Case Management Component	Indicators of Effectiveness	Assessment Questions	Discussion/Notes
		authorities? How is success conveyed?	
Family Functioning	<p>Services are coordinated effectively by the case manager.</p> <p>Initial interventions are successful.</p> <p>Reduced numbers of enhanced interventions are required.</p>	<ol style="list-style-type: none"> 1. Do families receive appropriate services for their circumstances? 2. Are prevention services effective for families who receive them? Are there shared characteristics among families for whom they are or are not effective? 3. How many interventions does a family experience? 4. If families are separated, what interventions do the child and family experience? 5. If families are separated, how long is it before they are reunified? 6. When families are reunified, what interventions do the child and family experience? How do they vary across different age groups? 7. Are follow-up services are provided to ensure stability of reunification? If so, how effective are they? 8. What is the procedure or process in place for assisting children who do not reunify? What happens to them--is there a place where they go initially for a time period before permanent homes are found for them? How long are they there, and are efforts made to minimize their length of stay, and how does the process affect children? Are permanent homes located for them? How is the family involved? 	

Case Management Component	Indicators of Effectiveness	Assessment Questions	Discussion/Notes
		9. If reunification does not occur, do families become re-involved with the agency at a later date? What reasons are given for re-involvement and how to case workers utilize this information in their work? Is the amount of time that passes between initial and re-involvement tracked and analyzed?	

APPENDIX B: ADDITIONAL COUNTRY AND REGION-SPECIFIC RESOURCES AND TOOLS

<p>Terre des hommes Albania and the Albanian Ministry of Education and Science (2009) – <i>Child Protection Toolkit for Schools</i></p>	<p>This toolkit includes a Child Protection Manual for schools and a self-study Child Protection Training Handbook. The manual for schools is for use by educators, school staff, and school social work professionals. Its primary aims are to help educators and staff structure the implementation of child protection standards in schools, and to provide guidelines on how to establish and empower schools to collaborate with other community-based child protection resources. The training handbook is a guide for child protection professionals; it aims to help them develop skills and competencies related to work with children. By combining these two resources, the tool integrates the spheres of child protection and education, and in doing so is useful for a wide range of practitioners and professionals working with children. In its first two years of pilot testing, this toolkit was used in more than 150 schools throughout five regions of Albania.</p> <p>This tool can be accessed in Albanian at http://tdh-cp-org.terredeshommes.hu/component/option,com_doclib/task,showdoc/docid,889/</p>
<p>Poninmanie – Trainings for Specialists (Belarus)</p>	<p>Poninmanie, an NGO focused on building friendly environments for children at risk in Belarus, supports the development of case management services through the provision of a Child Helpline that provides support and referral information on community resources to children and their families.</p> <p>Information on the Child Helpline is available at http://www.ponimanie.org/eng/projects/child-helpline/.</p> <p>Poninmanie also offers training seminars (webinars in development) on a range of topics related to effective case management practice to a wide array of professionals, including psychologists, physicians, investigators, law enforcement personnel, teachers, journalists, prosecutors and judges, and students.</p> <p>Information on training seminars and how to access the trainings is available at http://www.ponimanie.org/eng/projects/education/.</p>

Regional Resources

<p>Better Care Network and UNICEF (2010) – <i>At Home or In a Home: Formal Care and Adoption of Children in Eastern Europe and Central Asia</i></p>	<p>This report provides an overview of children in formal care and institutions in Central and Eastern Europe and Central Asia. It aims to utilize data collected through UNICEF's MONEE research project via national statistical regional offices. The data used in this report span from 1989-2007 and covers 13 countries. The report's findings bear important implications for child welfare in the region. Its data analysis reveals, for instance, that more children are becoming separated from their families, the rate of children in formal care is increasing, and the development of family-based alternative care has been slow.</p> <p>This report and accompanying PowerPoint presentation can be accessed at http://www.unicef.org/ceecis/At_home_or_in_a_home_report.pdf (Report) http://www.unicef.org/ceecis/media_17384.html (PowerPoint).</p>
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<p>Innocenti Research Center (2009) – <i>Child Well-Being at a Crossroads: Evolving challenges in Central and Eastern Europe and the Commonwealth of Independent States</i></p>	<p>The UNICEF Innocenti Research Center was established in 1988 to support the efforts of UNICEF through research on issues of children’s rights worldwide. The <i>Innocenti Social Monitor</i> is a series focused on researching issues of child welfare in the CEECI region. This specific report uses information from administrative and survey sources to provide an overview of the issues and challenges of promoting child well-being in the region. It explores the following areas in depth:</p> <ul style="list-style-type: none"> • Economic growth, inequality, and demographic transformation; • Formulation and funding of state policies for families and children; • Challenges in identifying, monitoring, and supporting the vulnerable; and • Monitoring challenges, including data and research gaps. <p>This report can be accessed at http://www.unicef-irc.org/publications/562.</p>
<p>Better Care Network (BCN) and Consortium for Street Children (2011) – <i>Street Children: A Mapping & Gapping Review of the Literature, 2000 to 2010</i></p>	<p>An important resource for professionals working with street children in the CEE/CIS region, this map and gap analysis are a collaborative effort between the Better Care Network and the Consortium for Street Children. The paper includes a review of the last decade’s literature on street children. The literature review covers four topics:</p> <ul style="list-style-type: none"> • Street Children: Old Myths and New Realities explores the numbers, definitions, characteristics, and voices from the streets; • Street Children: The Wider ‘Everyday’ Picture explores children’s relationships, migration, mobility, experiences on the streets, and ageing into adulthood; • Policies and Interventions describes the means that have been taken to address the plight of street children; and • The Policy Context explores law enforcement, economics, and funding issues. <p>This paper can be accessed at http://www.crin.org/bcn/details.asp?id=25431&themeID=1004&topicID=1027</p>
<p>UNICEF (2012) – <i>Children Under the age of Three in Formal Care in Eastern Europe and Central Asia: A Rights-Based Regional Situation Analysis</i></p>	<p>This report explores the problems facing children under the age of three in formalized care, and discusses possible underlying causes and prospective solutions. The impetus for such a report is the fact that children under the age of three are at particular risk of abuse of their rights given their full dependence on parental care. The report provides information on:</p> <ul style="list-style-type: none"> • Children under the age of three placed in formal care in CEE/CIS countries; • Immediate and root causes of the placement of those children in formal care; and • Enforcement of the rights of children under the age of three in formal care or at risk of family separation. <p>This last chapter may serve as a particularly useful resource for current child welfare practitioners in the region; it provides an overview of legislative changes, gatekeeping mechanisms, the recent development of local alternative placement options, capacity-building, standards of practice for social welfare services, and information pertaining to sensitization and inclusion.</p> <p>This report can be accessed at http://www.unicef.org/ceecis/UNICEF_Report_Children_Under_3_FINAL.pdf.</p>

<p>ICAST Child Abuse & Neglect Mapping Tools / Balkan Epidemiological Study on Child Abuse and Neglect (BECAN) Project</p>	<p>The International Society for the Prevention of Child Abuse and Neglect (ISPCAN) recently developed the ICAST-CH and ICAST-P tools to collect and compare data on child abuse. The tools gather information from parent interviews, young adult interviews, and child interviews (with children over 11 years). The aim of these tools is to enable more accurate and descriptive reporting of child abuse. The tools are available in Russian, Romanian, Serbian, Macedonian, English, Croatian, Bulgarian, and Albanian.</p> <p>More information about the ICAST tools, including an online request form, can be accessed at the ISPCAN at: http://www.ispcan.org/?page=ICAST.</p> <p>The Balkan Epidemiological Study on Child Abuse and Neglect (BECAN) Project was established in 2009 to map the incidence and prevalence of sexual abuse of children 11-16 years old in nine CEE/CIS countries. The purpose of the project is to evaluate preventive policies and interventions, harmonize screening and surveillance processes throughout the region, and develop evidence-based recommendations for improving policy and practice. BECAN has translated, culturally adapted, and used the ICAST tools and training manuals for Albania, Serbia, Republic of Macedonia, Bosnia and Herzegovina, and Romania.</p> <p>More information about the BECAN Project and its findings can be accessed at www.becan.eu.</p>
<p>UNICEF (2010) – <i>Blame and Banishment: The underground HIV epidemic affecting children in Eastern Europe and Central Asia</i></p>	<p>This report focuses on the challenges and hardships faced by children who are HIV-positive and analyzes the risky behaviors among children and adolescents that increase their likelihood of contracting HIV. The report discusses:</p> <ul style="list-style-type: none"> • Child abandonment and state care; • Stories of most-at-risk adolescents; • Street children; • Living with HIV; and • Forces for change. <p>As HIV infection rates increase in the region, children and adolescents are increasingly susceptible. According to UNICEF, one-third of new HIV infections in the region are among youth aged 15-24. Unsafe practices in healthcare settings, the difficulty of reaching drug-dependent pregnant women with prevention of mother-to-child transmission programs, inadequate parental supervision, and risky sexual behavior and drug use related to a variety of factors, from marginalization and poverty to peer pressure, contribute to the increased infection rate among children and youth. <i>Blame and Banishment</i> presents priority areas for action, including the strengthening of integrated health and social support for vulnerable families, and expansion of evidence-based prevention efforts. Child welfare professionals must develop a thorough understanding of the problem of HIV in order to engage in effective, evidence-based practice.</p> <p>This report can be accessed at www.unicef.org/serbia/UNICEF_Blame_and_Banishment(3).pdf</p>

<p>Lerch, V. & Stein, M. (ed.). (2010). <i>Ageing out of Care: From Care to Adulthood in European and Central Asian Societies</i>. SOS Children's Villages</p>	<p>This report highlights the situation of youth aging out of care in Europe and Central Asia. It consists of 13 country reviews (including Albania, Azerbaijan, Bosnia and Herzegovina, Georgia and Russia from the E&E region) of the challenges facing youth aging out of care, and the gaps in the systems that serve them. The report utilizes first-hand accounts as well as statistical data to illustrate the problems, provides guidance on how to assess the systems and legal frameworks in place, identifies gaps in service provision, and highlights good practices. This report is a resource for professionals interested in the specific challenges of youth aging out of care.</p> <p>The report can be accessed at http://www.sos-childrensvillages.org/about-us/publications/pages/ageing-out-of-care-international-analysis.aspx</p>
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APPENDIX C: ADDITIONAL TOPICAL RESOURCES AND TOOLS

INDIVIDUAL ASSESSMENT

<p>USAID and MEASURE Evaluation (n.d.) – <i>The Child Status Index (CSI)</i></p>	<p>The Child Status Index (CSI) is an information collection tool that enables assessment of a child’s current needs, monitoring of changes in specific dimensions of child wellbeing, and identification of areas of concern that may be addressed through program intervention” (MEASURE Evaluation, n.d.). It gathers information about food and nutrition, shelter and care, protection, health care, psychosocial, and education. CSI provides a consistent, individualized method for assessing children’s status and wellbeing, which is central to guiding decisions about services and care. The tool can also be utilized for program monitoring and planning. The tool was designed primarily for use in case management among highly vulnerable children and families.</p> <p>MEASURE Evaluation, funded by USAID and implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, created the CSI.</p> <p>It and related documents can be accessed at http://www.cpc.unc.edu/measure/tools/child-health/child-status-index</p>
<p>The Search Institute (2002) - <i>Developmental Assets Profile tool (DAP)</i></p>	<p>The <i>Developmental Assets Profile</i> tool (DAP) is a 58-item survey useful for case-level assessments. It is used to measure the presence of eight categories of developmental assets in children and youth, as well as changes within these categories over time:</p> <ul style="list-style-type: none"> • Support; • Empowerment; • Boundaries and expectations; • Constructive use of time; • Commitment to learning; • Positive values; • Social competencies; and • Positive identity. <p>The assets are based on what is commonly thought of as contributing to positive experiences and characteristics development of children and youth. They protect young people from risky behaviors and promote positive attitudes and behaviors. Since its creation the DAP has become the most widely used approach to measure positive youth development in the U.S.</p> <p>Created by the Search Institute, the DAP (in 15 languages, including Armenian and Russian), resources for parents, educations, and organizations as well as related research can be accessed at http://www.search-institute.org/developmental-assets</p>
<p>Western Psychological Services (WPS) (n.d.) - <i>Children’s Depression Rating Scale, Revised (CDRS-R)</i></p>	<p>The <i>Children’s Depression Rating Scale, Revised (CDRS-R)</i> is used to efficiently diagnose childhood depression, take the first steps in the therapeutic process through direct interview, and monitor treatment responses. It is useful for the case-level assessment phase. It was modeled on the Hamilton Rating Scale for Depression, and has been updated and standardized to include complete</p>

interpretive and psychometric data. It captures slight, but notable, changes in symptoms among 6-12 year old children. Data for the CDRS-R is collected via a 15-20 minute semi-structured interview, which includes questions pertaining to 17 symptom areas, including impaired schoolwork, social withdrawal, morbid ideation, and listless speech.

CDRS-R kits, administration booklets, manuals, questionnaires and evaluations forms can be purchased from Western Psychological Services via www.wpspublish.com.

SYSTEMS ASSESSMENT

World Vision (2011) – *Analysis, Design and Planning Tool (ADAPT) for Child Protection*

The Analysis, Design and Planning Tool (ADAPT) for Child Protection is a tool designed to facilitate the identification, prioritization, and root cause analysis of child protection issues, as well as the identification and mapping of child protection systems currently in place. Therefore, it is useful for systems-level assessment. ADAPT is most useful to national teams developing national strategies for child protection, and for program teams planning to design local level child protection projects. It includes suggested processes, tools, and approaches to conducting child protection analysis. The tool is comprised of two major parts:

- National-level child protection analysis: Collects and analyzes data on strengths and gaps in child protection systems, provides foundational understanding for national child protection strategies, and informs advocacy efforts at the national level; and
- Community-level child protection analysis: Provides guidance for local level child protection analysis, and for working with children, adults and key stakeholders to identify issues and their root causes, map elements of child protection systems in communities, and identify next steps for community action or project design.

This tool can be accessed at <http://beta.wvi.org/child-protection/publication/adapt-child-protection>.

GENDER ANALYSIS

FHI 360 (2012) – *Integrating Gender in Care and Support of Vulnerable Children*

Integrating Gender in Care and Support of Vulnerable Children was developed to help organizations that implement programs supporting HIV-positive children integrate gender into new and ongoing programs that serve vulnerable children. The guide advises staff on conducting gender analyses to identify harmful gender norms, how to integrate findings in the program design phase, how to carry out gender-sensitive monitoring and evaluation, and assess how well gender is integrated into programming.

The guide provides an overview of gender norms and the importance of engendering care and support programs for vulnerable children. It includes a discussion the relationship between norms related to masculinity and gender-based violence, and attempts to address the risks and problems associated with gender inequality by addressing the roots of these issues.

This guide can be accessed at

<http://www.bettercarenetwork.org/BCN/details.asp?id=29437&themeID=1004&topicID=1025>

CASE MANAGEMENT

<p>Commission for Case Manager Certification (2009) – <i>Code of Professional Conduct for Case managers with Standards, Rules, Procedures, and Penalties</i></p>	<p>This document, adopted by the Commission for Case Manager Certification (the first nationally accredited organization that certifies case managers in the U.S.), outlines a comprehensive compilation of standards, rules, procedures, and penalties for case managers. Its basic intent is to protect the public interest through providing normative guidelines for social work professionals. The code prescribes the level of mandatory conduct required of those who hold its certificates and the CCMC Procedures for Processing Complaints manages enforcement.</p> <p>This document can be accessed at http://ccmcertification.org/node/813/</p>
<p>Case Management Society of America (CMSA) and National Association of Social Workers (NASW) (2008) – <i>Case Management Caseload Concept Paper: Proceedings of the Caseload Work Group; Caseload Matrix</i></p>	<p>This concept paper analyzes the essential components of appropriately sized caseloads for case managers in health, behavioral health, and workers' compensation settings. The "caseload calculator," or Caseload Matrix was created in response to requests from practitioners and supervisory staff with the goal of enhancing professional case management practice. It is a schematic chart of non-weighted elements sorted into four categories:</p> <ol style="list-style-type: none"> 1. Initial elements impacting caseload, 2. Comprehensive needs assessment impacting caseload, 3. Case management interventions, and 4. Outcomes. <p>The concept paper and matrix include a comprehensive list of elements that can impact caseload determinations.</p> <p>The concept paper and matrix can be accessed at http://www.cmsa.org/Individual/MemberToolkit/CaseloadCalculator/tabid/363/Default.aspx</p>
<p>NYC Department of Youth and Community Development (n.d.) – <i>Case Management Standards Toolkit</i></p>	<p>The <i>Case Management Standards Toolkit</i> creates a common frame of reference for case managers and New York City Department of Youth and Community Development (DYCD) program managers in order to improve quality and outcomes of case management services. It presents DYCD's case management standards and provides skill building resources as well as checklists to support case managers and their supervisors in charting progress toward meeting those standards. The toolkit can be used to orient new staff, a tool for professional development, supervision, or monitoring a program's progress.</p> <p>The toolkit can be accessed at www.nyc.gov/html/dycd/downloads/pdf/NYC_DYCD_Case_Management_Toolkit-2011.pdf</p>
<p>U.S. Department of Health and Human Services Administration for Children and Families; Administration</p>	<p>These manuals describe the roles and responsibilities of child protective services (CPS) case managers and supervisors.</p> <p>The Guide for Caseworkers describes the purposes, decisions, and issues of each stage of the CPS process: intake, initial assessment, family assessment,</p>

<p>on Children, Youth and Families; Children’s Bureau; and Office on Child Abuse and Neglect (2006) – <i>A Guide for Caseworkers; Supervising Child Protective Services Caseworkers</i></p>	<p>case planning, service provision, evaluation of family progress, and case closure.</p> <p>Supervising Child Protective Services Caseworkers provides a foundation for effective supervisory techniques and practices in CPS, and practice oriented advice on effectively carrying out responsibilities. This manual includes information on the transition from caseworker to supervisor, building foundations for effective unit performance, building staff capacity and achieving quality performance, supervisory feedback and performance recognition, results-oriented management, clinical supervision, recruitment, and self care.</p> <p>Both manuals can be accessed at https://www.childwelfare.gov/pubs/umnew.cfm</p>
<p>Child Welfare Information Gateway. (n.d.). <i>Casework Practice with Children and Youth in Out-of-Home Placement.</i></p>	<p>In out-of-home care, casework practice with children and youth involves providing services and support to meet their immediate developmental, educational, physical, mental health, and other needs as well as services to achieve a permanency goal for each child. These are some practical tools for working with infants, toddlers, children, and youth. .</p> <p>The tools can be accessed at https://www.childwelfare.gov/outofhome/casework/children/</p>
<p>National Center on Secondary Education and Transition (NCSET), U.S. Department of Education: Office of Special Education Programs (2005) – <i>Essential Tools: Improving Secondary Education and Transition for Youth With Disabilities</i></p>	<p>This guide was created in response to state and local community requests for community resource mapping tools. It offers information for educators, community agencies, families, workforce development specialists, and others who are striving to coordinate community systems to improve educational outcomes for youth. Additionally, this guide supports professionals in cultivating new partnerships and collaborating with other agencies that work with youth. The guide is organized around the primary steps involved in mapping::</p> <ol style="list-style-type: none"> 1. Pre-Mapping involves setting a vision and goals; 2. Mapping involves identifying resources, gathering information, and determining its meaning; 3. Taking Action, involves developing and implementing an action plan; and 4. Maintaining, Sustaining, and Evaluating Mapping Efforts involves evaluating progress and maintaining momentum. <p>This guide can be accessed at http://www.ncset.org/publications/essentialtools/mapping/default.asp</p>

PARENTING AND HEALTHY FAMILIES

<p>Save the Children: Sweden (2013) – <i>Positive Discipline in Everyday Parenting (third edition)</i></p>	<p>This book answers parents’ questions about positive discipline and how to implement it. Positive discipline techniques are non-violent, solution-focused, respectful, and based on child development principles. The tool was created in response to the <i>2006 World Report on Violence against Children</i>, which found that maltreatment of children occurs worldwide and is often based in cultural practices and caretakers’ lack of awareness of children’s rights. The book targets current and future parents, as well as social work and other</p>
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	<p>professionals who support parents. The principles of positive discipline are:</p> <ul style="list-style-type: none"> • Setting goals, • Creating a positive home climate, • Understanding how children think and feel, and • Problem solving. <p>This manual can be accessed at http://resourcecentre.savethechildren.se/library/positive-discipline-everyday-parenting-third-edition</p>
<p>The Open University (2007) – <i>Attachment Relationships: Quality of Care for Young Children</i></p>	<p>Attachment security in children’s relationships with parents or parent substitutes is immensely important to child wellbeing and development, both in the short- and long-term. This edited book discusses key research findings on:</p> <ul style="list-style-type: none"> • Child-parent attachment and attachment security, as well as the effect of cultural context on attachment; • Factors promoting secure attachments, adult-child relationships, the role of fathers, and the importance of material wellbeing; and • Parenting quality, separation, the relationship between attachment and later outcomes, and adult attachment. <p>This publication is part of a series called <i>Early Childhood in Focus</i>, produced by the Child and Youth Studies Group at The Open University, UK and can be access at http://oro.open.ac.uk/10292</p>
<p>Pathways Mapping Initiative (2007) – <i>Pathway to the Prevention for Child Abuse and Neglect</i></p>	<p>Funded by the California Department of Social Services, <i>Pathway to the Prevention of Child Abuse and Neglect</i> assembles findings from research, practice, theory, and policy. This initiative tapped its knowledge base and combined that information with local wisdom about existing services, leaders’ interests, stakeholders’ aspirations, and available resources. The guide lays out six primary goals that practitioners should strive to achieve:</p> <ol style="list-style-type: none"> 1. Children and youth are nurtured, safe and engaged; 2. Families are strong and connected; 3. Identified families access services and supports; 4. Families free from substance abuse and mental illness; 5. Communities are caring and responsive; and 6. Vulnerable communities have capacity to respond. <p>In order to achieve these goals, the resource describes comprehensive actions for policymakers, service providers, and community organizations to take to improve the lives of children and families: use indicators to measure progress, identify ingredients of effective implementation, understand the rationale connecting actions, and examine evidence of effectiveness.</p> <p>This resource can be accessed at www.childsworld.ca.gov/res/pdf/Pathway.pdf</p>
<p>National Center on Substance Abuse and Child Welfare (NCSACW) (2007) – <i>Substance Abuse Training</i>:</p>	<p>This training workbook examines issues pertaining to substance use disorders, treatment, and family recovery within the sphere of child welfare. It was developed by national experts on substance abuse and child welfare, and incorporates research on the neurobiology of addiction. The guide identifies strategies for working with families and provides a foundation for classroom-based skills training, which can potentially benefit any case managers, regardless</p>

<i>Understanding Substance Use Disorders, Treatment and Family Recovery – A Guide for Child Welfare Professionals (Participant Workbook)</i>	of experience level. The training is comprised of five modules: <ol style="list-style-type: none">1. Module 1: substance abuse and addictions;2. Module 2: ways to motivate families to engage in treatment;3. Module 3: substance abuse treatment types, settings, approaches;4. Module 4: important considerations for children of substance use disorders; and5. Module 5: strategies to improve coordination between substance abuse treatment providers and child welfare professionals. This guide can be accessed at http://www.ncsacw.samhsa.gov
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