



National Case Management System for The Welfare and Protection Of Children in Zimbabwe

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for the Welfare and Protection of
Children in Zimbabwe
2017

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2. Acknowledgements

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3. Acronyms

ACRWC	African Charter on the Rights and Welfare of the Child
BEAM	Basic Education Assistance Module
CBO	Community Based Organization
CCWs	Community Case Workers
CMO	Case Management Officer
CPC	Child Protection Committee
CSW	Council of Social Workers
DCWPS	Department of Child Welfare and Probation Services
DSS	Department of Social Services
DSSO	District Social Services Officer
FBO	Faith Based Organization
JSC	Judicial Service Commission
LCCW	Lead Child Case Worker
MIS	Management Information System
MoPSLSW	Ministry of Public Service, Labour and Social Welfare
MSCPHA	Minimum Standards for Child Protection in Humanitarian Action
NAC	National AIDS Council
NAP	National Action Plan
NASW	National Association of Social Workers
NCMS	National Case Management System
NGOS	Non-Governmental Organizations
OVC	Orphans and Vulnerable Children
SSO	Social Services Officer
UNICEF	United Nations Children's Fund
UNCRC	United Nations Convention on the Rights of the Child
VFU	Victim Friendly Unit
VHW	Village Health Worker
WAAC	Ward AIDS Action Committee
WEI	World Education Incorporated

4. Foreword

The purpose of this document is to provide a framework for implementation of the National Case Management System (NCMS) for the care, protection and welfare of children in Zimbabwe. The main aim of the National Case Management System is to provide a link between the functions of the key stakeholders; detail the roles and responsibilities of each sector; show how the sectors interact within the system to safeguard children; and promote standard terminology, eligibility criteria, standards and processes used by different agencies so as to encourage inter-agency collaboration.

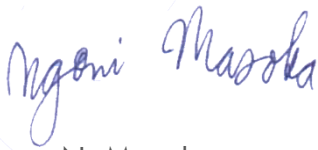
This National Case Management System has been developed for use by both primary and secondary duty bearers that provide care and support to children. This involves the government actors, non-statutory actors, voluntary, independent sector and primary care service providers working with parents/carers and children who may have multiple needs or other complex problems. The document has been compiled through a consultative process with the participation of both government departments that have a statutory mandate to support children and civil society organizations that provide specialist child protection services to children.

This system is a hybrid of statutory, customary and community approaches and therefore is considered appropriate within the Zimbabwean culture. The system has been developed based on international and regional best practices and was largely informed by the pilot case management program that was implemented in one of the districts in Zimbabwe. The case management model builds on existing community efforts and leverages on cultures of care and support inherent in Zimbabwean communities (*spirit of Ubuntu – “I am because we are”*) to identify hard to reach, vulnerable children where they live and provide them with continuous, community-based care and support until their needs are met.

The Constitution of Zimbabwe also provides for the care and protection of children. Section 19 says, “The State must adopt policies and measures to ensure that in matters relating to children, the best interests of children concerned are paramount”.

The target audiences for this document are all agencies in Zimbabwe that work with children and their families. These include Government Ministries both at national, local and community level, professional regulatory bodies such as the Council of Social Workers, Nurses Council of Zimbabwe, Zimbabwe Law Society and Health Professions Council and civil society organizations agencies and their employees.

It is the belief of the Ministry of Public Service, Labour and Social Welfare that protection for children is a collaborative and collective effort, hence a multi-sectoral approach and inter-agency collaboration is required. This document provides an overall framework and is meant to be used with the accompanying Training Manual for the betterment of the care and protection of children in Zimbabwe.



N. Masoka

SECRETARY FOR PUBLIC SERVICE, LABOUR AND SOCIAL WELFARE

5. Definition of Key Terms

Assessment:	The systematic process of gathering information to provide a comprehensive understanding of a child and their environment.
Care Plan:	The articulated set of actions to be taken based on the findings of the assessment in order to provide care to the child.
Case:	Each individual child who is identified as vulnerable and potentially in need of services.
Case Conference:	A meeting of multiple, relevant stakeholders or family members to share information and prepare a comprehensive care-plan for a child.
Case File:	The written record that compiles all information on a child.
Case Manager:	The person responsible for making sure that a child receives all of the services which they need.
Case Management:	"...collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes" ¹ .
Case Review:	A periodic evaluation of the care plan based on ongoing assessment of the child and the child's situation.
Child:	Section 81(1) of the Constitution of Zimbabwe defines a child as every boy and girl under the age of eighteen years.

¹The Case Management Society of America(CMSA)

Child Protection:	A set of services and mechanisms put in place to prevent and respond to violence, abuse, exploitation and neglect, which threaten the well-being of children.
Child Protection Committee (CPC):	Multi-sectoral and multi-stakeholder structures put in place at national and sub-national levels to coordinate implementation of child protection interventions at each level.
Community Case Worker (CCW):	A cadre selected at the community level from village Child Protection Committees (child protection structures) to identify vulnerable children in their communities.
Confidentiality:	The duty to respect the privacy of information shared by and about children and families.
Family group conference:	A meeting in which family members come together to share information, to plan and make decisions on a child who is at risk.
Intake:	The systematic method of collecting basic information on a child who has been identified as potentially at risk.
Orphan:	A child under the age of 18 for whom one or both parents has died.
Referral:	The process of connecting a child to a specific service provider to address an identified need.
Supervision:	The process of providing oversight and support to the individuals engaged in service delivery to ensure quality care.
Vulnerable child:	A child who is living in circumstances with high risks and whose prospects for continued growth and development are seriously threatened.

6. Background

The complex social, economic and political challenges that have confronted Zimbabwe for the last decade have resulted in increased numbers of vulnerable households and families. Statistics indicate that an estimated 1.5 million households in Zimbabwe are extremely poor and food insecure². One in three of the children in these households suffer from chronic malnutrition. The HIV and AIDS pandemic has interacted with and aggravated these socio economic challenges. 19.3 per cent of all children in Zimbabwe (0-17) are orphans who have lost one or both parents due to HIV and AIDS and related causes.³

The Government of Zimbabwe (GoZ), in the 2010 Millennium Development Goals Report, notes that children are falling out of school. In 2009, the dropout rate was around 30% and slightly higher for boys than it was for girls. It is further acknowledged that many of these children are still unable to enrol and stay in school because of their inability to afford the tuition fees, the uniform and other associated costs.⁴

Violence and abuse of children is on the increase with 60% of reported rape survivors being children and the majority of them are girls.⁵ One in eight girls is reportedly being sexually harassed at school and 22% of children reportedly being abused by care givers. It is against this background of challenges faced by children, that the community remains a crucial source of potential support since it includes friends, neighbours, traditional leaders, elders, teachers, youth groups and religious leaders who can provide care to vulnerable children.

The Program of Support (PoS) under the National Action Plan for Orphans and Vulnerable Children Phase 1 reached 410,000 orphans and other vulnerable children with an average of 1.6 services per child. A review of the national programme found

² ZIMVAC (2010)

³ PICES 2011/2012

⁴ Government of Zimbabwe (2010), Millennium Development Goals Report

⁵ Victim Friendly Unit Police Reports (2008 – 2010)

that while this programme was highly relevant, efficient and cost effective there were a number of key problems which included:

- The fragmented nature of the programme (orphans and other vulnerable children suffer many types of deprivation, but the PoS offered only 1 or 2 types of support to each child),
- The programme focused on reach (number of children served) rather than the quality of the service provided,
- Coordination at province, district and ward levels was often ineffective and the then Department of Social Services staff should have been more involved in quality assurance.⁶

The findings of the Outcome Assessment of the PoS coupled with the situation on the ground provided compelling evidence of the need for a programmatic approach which is evidence based and provides holistic rather than fragmented services and facilitates partnerships to ensure quality and sustainable service delivery.

The increasing trend globally is to address these complex problems using a case management systems approach. In developing a strategy for the management of the complex issues facing children in the country, Zimbabwe looked to the emerging models of case management.

The Isibindi Model in South Africa contained components well suited to the Zimbabwean context. This model sought to strengthen the South African child protection system by linking HIV and AIDS and child protection programming at community level. The model came with standardised training on technical and clinical aspects of child protection and case management, including documentation and case file management.

The then Department of Social Service (DSS), now the Department of Child Welfare and Probation Services (DCWPS) in Zimbabwe, chose to adopt the model while building from their existing pool of Child Protection Committee (CPC) volunteers to form their extension worker cadre: the Community Case Worker (CCW). The new model therefore enabled existing structures to be streamlined and formally linked with the DSS. Hence, the National Case Management System (NCMS) was conceived as a viable approach to addressing the identified gaps and needs for children.

The system is grounded in existing national and international legal and policy frameworks. Zimbabwe's Children's Act⁷ serves as the primary legislation that provides for the care and protection of children in the country. Further, Zimbabwe ratified both the United Nation Convention on the Rights of the Child (UNCRC) (1989) and the African Charter on the Rights and Welfare of the Child (ACRWC) (1990) and it boasts of a detailed legislative framework that promotes the rights and interests of children. Although these protective laws and policies have existed for some time in Zimbabwe,

⁶ JIMAT Development Consultants (2010); Outcome Assessment of the PoS for the NAP for OVC

⁷ Children's Act (Chapter 5:06)

there has been a need for a system to guide the way in which vulnerable children can access quality services and be supported within a continuum of care.

In response to this need, the Ministry of Public Service, Labour and Social Welfare developed this National Case Management System which will facilitate the response to the social welfare needs of the most deprived and vulnerable children and families, and support the coordination of replicable service delivery at community level. The system will also facilitate the development of a referral protocol that guides referrals among different actors working with children.

7. Vision, Goal, Objectives and Principles of the NCMS

Vision

The Government of Zimbabwe's vision is that all children live in safe, secure and supportive environments that are conducive to child growth and development.

Goal

A harmonized and standardized systematic framework for the care and protection of children that provides access to social welfare, social protection, justice and health services

Objectives

The objectives of the NCMS are to:

- establish a standardised 'wrap-around' response service system that protects children from abuse, violence, exploitation and neglect within a coordinated continuum of care;
- strengthen child protection systems through linkages of community child protection and the formal system;

- reduce children's exposure to harm through actions that strengthen the protective environment for children in all settings;
- establish a system for knowledge management, monitoring and promotion of quality child protection services informed by ethics and standards of practice.

Guiding Principles

The National Case Management System adheres to the global principles of case management. These principles mirror local ethical practices of child protection standards and are in conformity with ethical and practice standards of different professional bodies.

Reference should also be made to the Protocol on the Multi-Sectoral Management of Sexual Abuse and Violence in Zimbabwe⁸ and the Pre-Trial Diversion programme⁹.

Principles of case management¹⁰

Do No Harm	Ensure that actions and interventions designed to support the child (and their family) do not expose them to further harm.
Prioritise the Best Interests of the Child	The best interests of the child broadly refers to the child's well-being and provides the basis for all decisions and actions taken, and for the way in which service providers interact with children and their families.
Ensure Accountability	Accountability refers to being responsible and taking responsibility for one's actions.
Based on Sound Knowledge of Child Development & Child Rights	Assessments and interventions must be made on the basis of knowledge about child development within their family and cultural context; and child protection.
Child's right to be heard and views taken seriously	Children have a right to be consulted and have their opinions sought and taken into account in decisions and matters which affect their lives.
Provide Culturally Appropriate Processes and Services	Caseworkers and agencies should recognize and respect diversity (for example ethnic, cultural, linguistic and religious) in the communities where they work.

⁸ Protocol on Multi-Sectoral Management of Sexual Abuse and Violence in Zimbabwe, Judicial Service Commission, Zimbabwe, 2012.

⁹ Zimbabwe Pre-Trial Diversion Program for Young Persons, Government of Zimbabwe, 2012.

¹⁰ The Global Child Protection Working Group, 2012

Seek Informed Consent and/or Informed Assent	Informed consent is the voluntary agreement of an individual who has the capacity to give consent, and who exercises free choice. To provide “informed consent”, the child must be able to understand, and take a decision regarding their own situation.
Respecting Confidentiality & Sharing Information on a Need to Know Basis	Confidentiality is the mandate to sharing information on a need to know basis. It is the process whereby information is protected against it falling into the wrong hands and is accessible only to those authorized to access it.
Working in a Non-Discriminatory Way	Avoid treating a child differently because of their individual characteristics or a group they belong to (for example, gender, age, socio-economic background, race, religion, ethnicity, disability, sexual orientation or gender identity).
Maintain Professional Boundaries & Addressing Conflicts of Interest	Caseworkers and agencies should act with integrity by not abusing the power or the trust of the child or their family.

8. National Case Management Conceptual Framework

Case management is a way of organizing and carrying out work so that children's cases are handled in an appropriate, systematic and timely manner. It aims to ensure that through coordinated, collaborative care, children can receive the services they need.

The case management model, therefore, describes the system of coordination and management of specific national, provincial, district and community level actors working together for the specific goal of quality service provision to children in need of care and protection. This National Case Management System is designed in such a way as to support replicable service delivery at all levels.



Figure 1. Conceptual Framework

This case management model depicts the fact that the State, which holds the overall mandate for protection of children, functions in collaboration with clearly structured and targeted community participation.

The model adopts a two-pillar approach to ensure the effective channelling of cases and information between and among all levels of child protection service provision: national, sub-national and community levels. The national pillar focuses on capacity building and systems strengthening for case management processes within the Department of Child Welfare and Probation Services (DCWPS).

This process is supported by a clearly articulated framework that is sequentially cascaded to all operational levels. The Community Care Networks pillar recognises the essential role played by Child Protection Committees (CPCs) and Community Case Workers (CCWs) as the DCWPS's 'eyes, ears, hands, feet and mouth on the ground', as well as other community based care providers in child protection service delivery. It is focused on strengthening the capacity of these two critical arms (DCWPS and community) to link services to timely and effective interventions from case identification to case closure. In short, the National Case Management System has been specifically designed to provide effective linkages between district and community care systems enhancing the delivery of quality services to children.

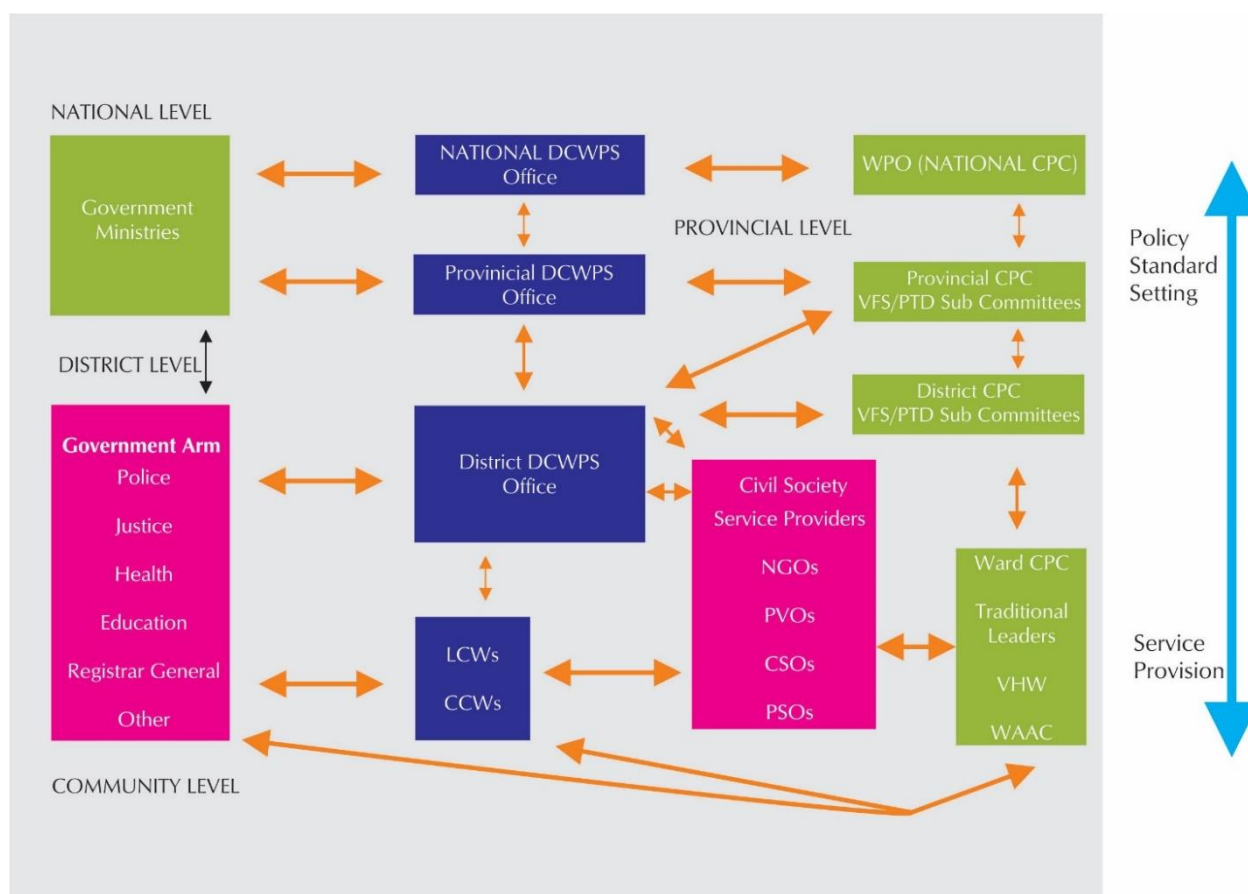


Figure 2. Structure of the case management system

The structure of the NCMS is comprised of the DCWPS, which holds a central role in the protection of children, and a range of governmental and non-governmental stakeholders. Clear lines of communication and coordination of care between the various sectors are essential to the functioning of the system.

The system is structured such that children are identified and cared for on the community level in all ways possible. This care is provided by a variety of stakeholders, depending on specific need. Implementation of care requires coordination by the CCW, who is a member of the local CPC.

All cases involving any form of abuse are immediately referred to the DCWPS and the child's care becomes the primary responsibility of the DCWPS. Care will continue on the community level as directed by the case manager in the DCWPS. Cases that are particularly complicated, or require statutory intervention must be passed up to district level for necessary care.

In addition to the provision of direct care, stakeholders hold the responsibility of developing, promoting, and/or enforcing policy and standards of practice. Policy development and decision making is primarily done at the national and provincial levels. It is carried out by various stakeholders, depending on the issue at hand. Stakeholders on this level include: government ministries; district and national level DCWPS; district and provincial CPCs and the Working Party of Officials (WPO); the

Victim Friendly System Sub-Committee (VFS) and Pre-Trial Diversion Sub-Committee (PTD). Various civil society service providers may also be involved on the provincial and national level with regards to policy and practices decisions.

The effective functioning of the NCMS relies on the consistent communication of information on all levels. Generally, the information on service delivery starts in the community level flows upwards. It is essential, however, that feedback and follow-up on relevant issues flow back down to appropriate stakeholders. Likewise, though policy issues are formalized on the upper levels, they are developed in response to information from community and district levels.

Completion of the information sharing cycle through communication of these policies downwards is essential. In short, there is a need for constant sharing of information within and between the various stakeholders and the multiple levels of the system.

9. Standard Operating Procedures and Processes in the Case Management System

The standard operating procedures and processes are positioned to address the rights and needs of children from case identification to case closure. Case management begins when a concern about a child's well-being is raised and referred to an agency that can take action to safeguard that child.

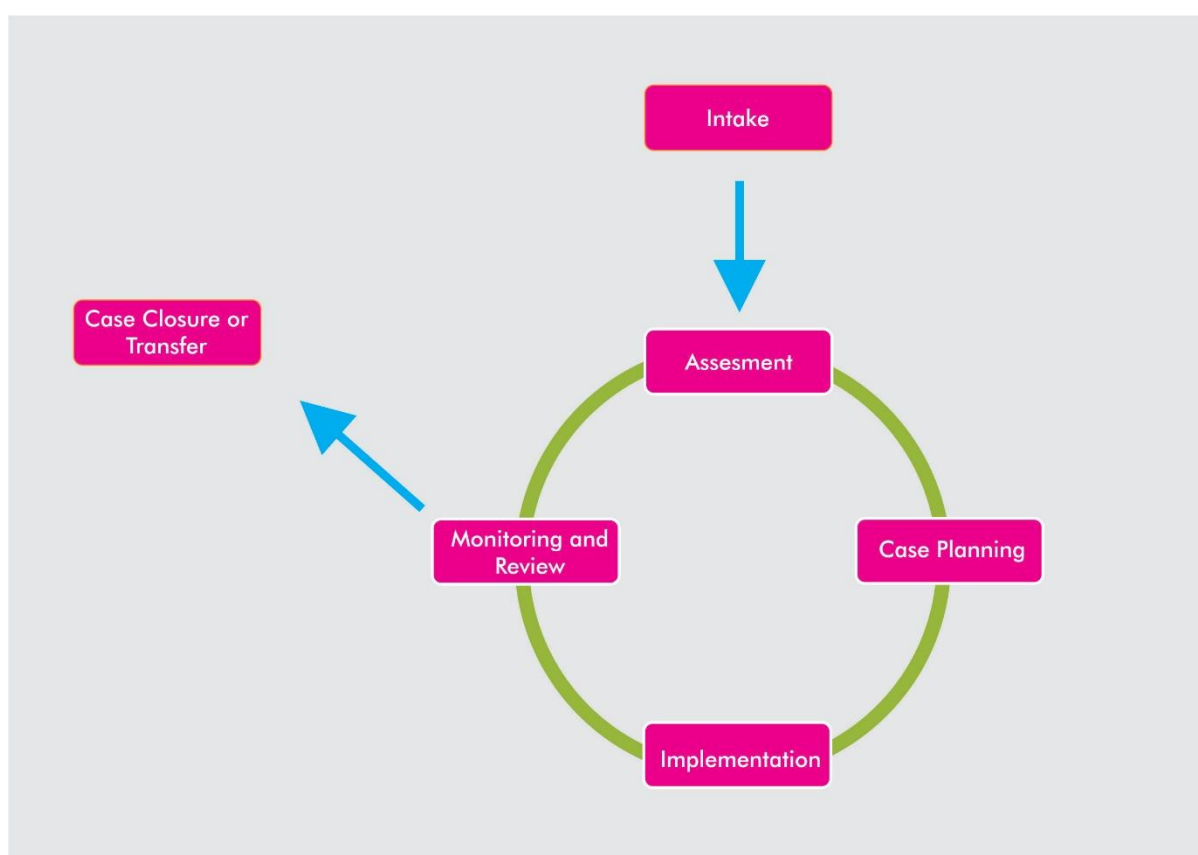


Figure 3. Major Components of the Case Management System Cycle

Once a reason for concern is identified, the child's case enters the phases of the case management cycle:

- a. An **intake process** (referral and initial screening) is conducted, which establishes basic information about the child and the reason for the concern. This process is sometimes known as referral.
- b. An initial **assessment** of the child's situation;
- c. **Planning** of the interventions that will be necessary to address issues identified during assessment;
- d. **Implementation** of the planned intervention in collaboration with the relevant service providers and community case workers;
- e. On completion of all planned interventions, a **review** of the child's care plan is conducted; and
- f. When the review concludes that all issues of concern regarding the child's welfare have been addressed, the **case is closed**. Should there be any pending or unresolved concerns, the child will be re-assessed and case managed until their case can be closed.

Operating procedures

Intake and key steps

The intake is the start of the process of caring for a child within the case management system. It includes referral and initial screening. This step begins when someone alerts a CCW (or any member of the CPC), or the DCWPS, and FBO or NGO about a potential child protection case. This information can come from anyone but it is the responsibility of the person who receives the information (CCW or any member of the CPC or an FBO or NGO or the DCWPS) to take action.

People and organizations who are likely to know about child protection issues and who might report them include police, teachers, doctors and nurses, people working for NGOs, members of the community, members of the child's family, the affected child or other children.

The person receiving information must complete an Intake Form (Appendix I), because it is essential that DCWPS has a record of all reports of alleged child protection concerns.

It is essential that the agency dealing with the case gets as much information as possible in the first 48 hours following a referral so that a decision can be made about what to do next.

Case Categorization

The categorization is important for the purposes of determining the response required. All cases identified as having potential critical protection concerns should be referred to DCWPS immediately.

Once they have been received at that level decisions will be made regarding the unique needs of each individual case and the department will respond accordingly. Responses include referral to other relevant government institutions; a child protection or family group conference; removal of the child to a place of safety in keeping with the provisions of the Children's Act (5:06); and/or coordination with CCWs and other relevant parties at the community level. All cases that are to be treated as urgent and reported as such include:

- Sexual abuse
- Physical abuse
- Abandonment/severe neglect
- Children living and working on the street
- Adoption
- Emergency food need
- Emergency health care treatment need

In addition to the cases that require immediate referral to the DCWPS, there are children identified as vulnerable who can be case managed at the community level. These are children who have a need for services in order to better provide for their wellbeing, but for whom the identified need is not urgent but who will benefit from a full assessment. Examples of vulnerable children who would benefit from case management but for whom issues are not identified as urgent are non-emergency medical issues, psychosocial needs; or birth registration.

By analysing the initial information received on the child, the social/case worker or other stakeholder who has been notified of a concern about a child can make recommendations for action to be taken.

If the decision is that the child does not have urgent needs that warrant immediate reporting and a full assessment is commenced, immediate referral should be made at any point if suggestions of abuse or other serious protection issue emerge during the course of the assessment.

Based on the case categorization, the decision about what to do next will be one of three pathways:

- No further action is needed
- More information is required (a complete assessment)
- Or that emergency action is needed to protect the child (immediate referral)

If it is decided that emergency action requires removing a child to a place of safety in order to protect the child from significant harm, this must be undertaken in line with the provisions of the Children's Act (Chapter 5:06) Part IV section 14. Once a child has been placed in a place of safety they need to then be brought before the court as soon as possible, and not longer than 7 days from removal, for further determination (section 17).

Following removal of the child to a place of safety, or if it is decided that there is reason to believe the child is vulnerable and potentially in need of support services, but there is no clear evidence of abuse, further information is needed and the assessment process should commence. The full assessment should be completed within 7 days.

Assessment Process

The assessment collects more information about the child protection problem and also gathers more information about the basic needs of the child across eight domains – family, survival, general health, development, social history, behaviour, education and aspirations

The assessment looks at how well the child's family (parents and extended family or other recognized primary caregiver) can look after him or her. The assessment should gather information from as many people as possible including the child and family but also neighbours, community leaders and other agencies such as education, health etc. (See Assessment Form, Appendix II)

Care Planning

The Care Plan defines what action will be taken, by whom and when in order to make sure the child's needs are met and they are protected (See Appendix II. Assessment and Care Plan Form).

Implementation

Implementation entails the execution of the care plan. This may include direct service provision or strategic referrals to other service providers to link the child to all the services they require. These referrals can take place at any point in the case management process, but must be relevant to the needs of the child and family as identified in the assessment and detailed in the care plan.

Referrals must be made with child and family's knowledge and consent. It is the responsibility of the case manager to follow-up and make sure that the care plan is being implemented and that referrals result in service provision for the child. All contact with the child and family must be recorded in the child's record. (See Record of Significant Events and Contacts form, Appendix III)

Case Review

The review is a process of checking that the child's care plan is on track and continues to meet the child's needs. It provides an opportunity to reflect on how the implementation of the plan is progressing, to consider (together with the assessment) whether the plan remains relevant; and if not, and to make the necessary adjustments to the plan which should be documented in the Care Plan. The nature of the case should determine the frequency of the case review, but at a maximum, a formal review should be conducted at intervals of not more than six months. (Appendix V. Case Review Form)

Case Closure

A case can be closed at the point at which work with the child ends because the:

- situation is resolved, i.e. the case plan has been completed, the child's protection needs have been met and the child no longer requires support;
- case has been transferred to another organization (see below);
- child moves out of the area and cannot be located despite significant efforts;
- child becomes 18 years old (unless there are good reasons to remain involved, such as additional vulnerabilities)
- child dies.

The decision to close the case must be recorded on the care plan, including the reasons and the person who authorized case closure. In cases other than those where the child is no longer present, the decision to close the case should be made in collaboration with the child. (Appendix VI. Case Closure form)

Case transfer

There are times when a child's needs are best served by transferring the case to another office or organization. This means that the responsibility of the case, including the documentation, is moved to the other agency. Regardless, the reasons for transfer should be:

- a) discussed and agreed upon between the case management team, the child and the family;
- b) clearly documented in the case file; and
- c) coordinated between the lead organization terminating care and that picking up the case.

The following diagram below depicts the process of care in the NCMS described from referral to case closure.

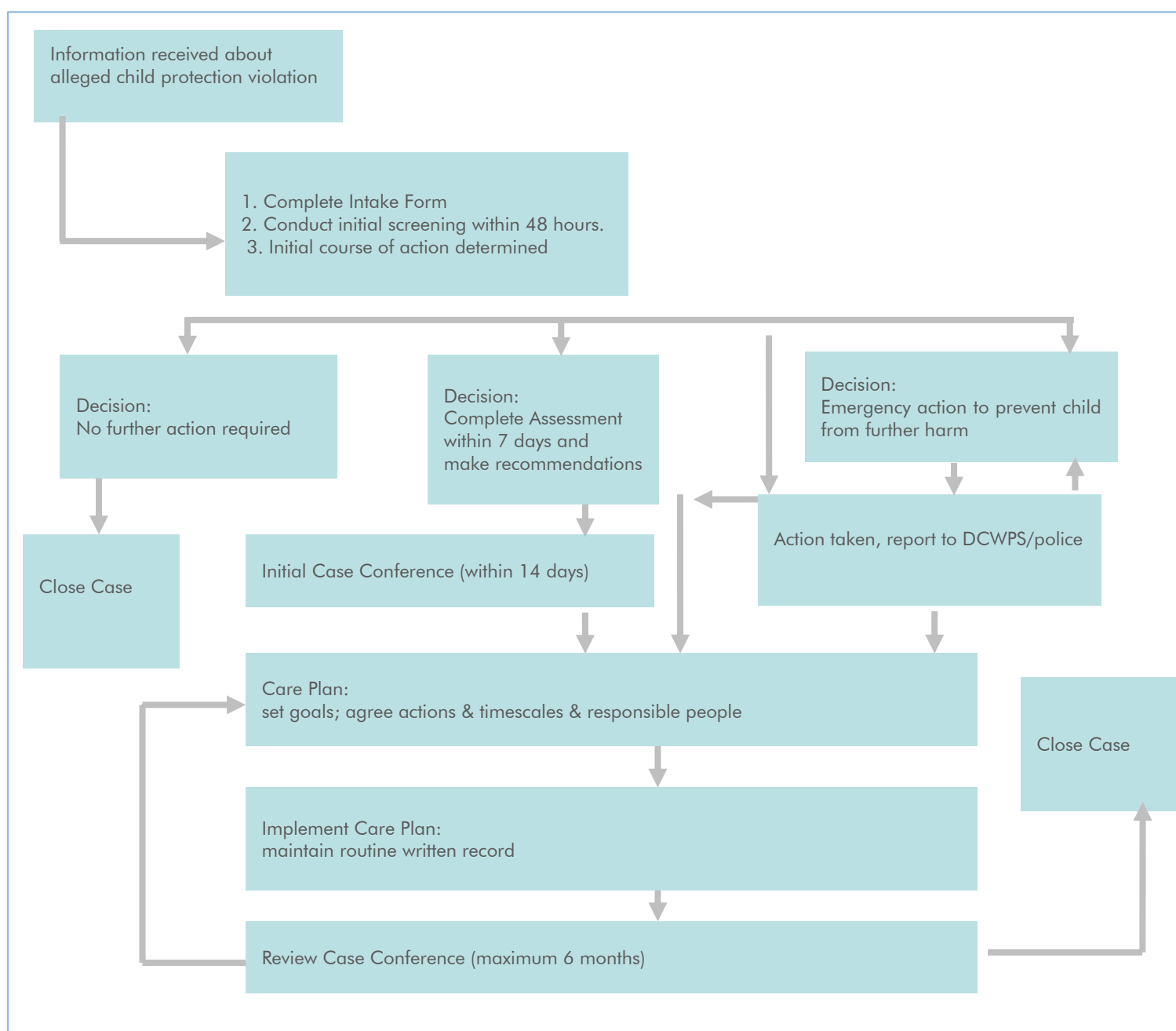


Figure 5. The Process of the NCMS

10. Facilitating the Case Management Process

Case Conferencing

The Case Conference is a discussion to share information from the assessment and decide what action needs to be taken. The Case Conference meeting should be coordinated and chaired by the Case Manager, who is the person responsible for making sure that a child receives all of the services they need. At community level this may be the Lead Community Case (LCCW) Worker. Where a case involves violence, abuse or exploitation the Case Manager will be an officer of the DCWPS or their delegate.

People involved in a case conference include anyone who is connected to the child and family, and who has information about the child protection issue or possible solutions. They are included on an invitational basis. Participants might include police, teachers, doctors and nurses, people working for NGOs, members of the community, and members of the child's family. Family members may be excluded when they are considered to be connected to the violence, abuse or exploitation against the child. This decision should be made using the principle of best interest of the child.

The initial case conference should be conducted within 14 days of receipt of the initial information.

Family Conference

A family conference is a mediated formal meeting between family members and other officials such as social workers and police in regards to the care and protection or criminal offending of a child or adolescent. It is a formal meeting in which the family

and professional practitioners work together to make a decision that best meet the needs of the child.

A Family Conference should NOT be considered where:

- there is no family or friends
- there is multi-generational abuse
- there is a risk to people
- there is serious conflict within the family

Inter-Agency Referral and Feedback

Referrals are made to link children and families to appropriate service providers for necessary services (with consent). Depending on the nature and severity of the case, the child's needs will either be addressed at the community level, such as the local clinic or school, and/or referred to other service providers such as the DCWPS, Registry Office, Victim Friendly Unit, or other Civil Society Organisations operating in the locality that offer child protection services.

A referral is made when a need is identified that is not able to be adequately addressed by service providers already involved with the child.

Referral Pathway

All agencies operating in the system should have a referral focal person to facilitate ease of follow up on referrals. All serious child protection case referrals should be centrally handled by the central agency, the DCWPS. The DCWPS will coordinate all services provided by specialist agencies. A referral form (Appendix IV) should always have a mechanism such as a tear off slip or duplicate copies, which enable both the referrer and the recipient of the referral to maintain a copy of the original referral.

Follow-up and feedback

When a referral is made to a provider, it is essential that there is follow-up and feedback. It is the responsibility of the:

- referring agency to follow up in order to be sure that the provider being referred to acts on the referral, e.g. meets with the child or family.
- provider receiving the referral not only to act on the referral, but to give feedback to the referrer about the action taken with the referral and the plan for moving forward.

Both of these steps are important to ensure well-coordinated care to the child in need. Regardless of the method by which the feedback is given, whether verbal or written, it must be documented in the case record.

Service mapping for Case Management

The DCWPS should facilitate service mapping at all levels. Service mapping serves the purpose of assessing the capacity, scope and coverage area of service providers as well as the quality of the services that they offer. The service mapping exercise will also identify the 'informal' and community resources or structures that can be used to support child protection.

Despite the background of the multifaceted challenges faced by children, the community remains a crucial source of potential support since it includes friends, neighbours, traditional leaders, elders, teachers, youth groups and religious leaders who can provide care to children. It is critical that these informal sources of support are drawn on in the provision of services.

Services identified are to be compiled in a centralized directory to enable ease of access of resources to meet the needs of children requiring care.

Documentation and Record Keeping

The success of the National Case Management System is highly dependent on the accuracy and depth of information collected about the client at each stage of the case management process.

The NCMS MIS of the MoPSLSW will interface with the MIS of various stakeholders for the coordination of data.

For every child an official case file is to be opened using a file with a clearly marked case number. Each file should detail the client's case from their initial assessment to present date. Case files should be kept safely secured and in good condition at all times.

11. Roles and Responsibilities: Key Government Stakeholders

The success of the Case Management Model in Zimbabwe hinges heavily on the use of all available resources, including those at the community level and the various government structures at community, district and provincial levels. All stakeholders need to be aware of the availability, roles and responsibilities of other stakeholders.

Ministry Of Public Service Labour and Social Welfare

The Department Of Child Welfare and Probation Services (DCWPS)

In this Case Management System, the Department of Child Welfare and Probation Services has the lead statutory responsibility for the protection and safeguarding of children in terms of the Children's Act [Chapter 5:06]. This is done through the provision of a wide range of services for children, adults and families. In this Case Management System the DCWPS's role includes but not limited to:

- serving as the government arm with the overall statutory mandate for child protection and safeguarding;
- providing standards and guidelines on the appropriate and mandatory response to allegations of abuse and other child protection concerns;
- investigating and intervene in cases of alleged abuse;
- assisting the courts through the provision of case reports in responding to child protection issues;

- providing direct services to children and families in complex or high risk cases that cannot be adequately handled at the community level;
- coordinating all case management processes (DCWPSO,);
- coordinating all case management actors;
- providing technical backstopping for all case management actors;
- supporting the work of CPCs and CCW;
- conducting ongoing case plan reviews of the work of CCW's
- ensuring that CCW's maintain the necessary support to children throughout the duration of the case.
- advocating for the acceptance and processing of all referrals to other agencies.
- maintaining and reviewing care plans and case records.
- housing and maintaining the Management Information System (MIS).

Child Protection Committees (CPCs) Structures

The DCWPS works in partnership with all agencies that are involved in child welfare work. Representatives of these agencies are required to be part of the Child Protection Committees. The CPCs are multi-sectoral and multi-stakeholder structures put in place at national and sub-national levels to coordinate implementation of child protection and safeguarding interventions by various players at each level.¹¹ The structures are at village, ward, district, and provincial and national level. The broader functions of CPCs within the NCMS framework are to;

- identify child protection concerns at ward and village levels;
- provide front-line responses to child protection concerns;
- coordinate responses to child protection concerns at district level; and
- monitor case management at district level.

Community Case Workers (CCWs)¹²

The Community Case Workers are the frontline community workers within the Case Management framework. The CCWs' roles include but are not limited to:

- using community based platforms to identify child protection cases;
- profiling and assessing children and families for whom there is reason for concern;
- keeping records of children identified as being at potential risk;
- supporting vulnerable children and families as required;
- reporting cases to relevant duty bearers such as social workers, nurses etc.;

¹¹Coordinator's Partnership Management Workbook, Version 1. 2006-2010, Ministry of Labour and Social Services

¹²These are members of and are selected by village CPCs. CCWs are volunteers and may therefore not be office bearers in any profession during their tenure as CCCW

- physically supporting children to access services(walk with a child all the way);
- conducting routine direct work with children and families;
- advocate children's rights on community based forums;
- liaising with and report to the Lead CCW on their work.

Ministry of Home Affairs

The Registrar General's Office

The Registrar General's Office should, among other responsibilities, fulfil the following roles:

- Raise awareness on the importance of births and death registration
- Facilitate birth registration (certification) for all children.

Zimbabwe Republic Police

It is mandatory that known or suspected criminal activity, which includes child abuse, is reported to the police. The role of the police in the NCMS is key as cases of child abuse are often reported to the police first. The duty of the police is to ensure that they coordinate all the other care providers to ensure that the child who enters the NCMS through the police is provided with comprehensive services. In this system the police should:

- Coordinate with health service providers to ensure that victims are assisted with accessing medical examination and treatment;
- Ensure that special measures are taken by the investigating officer in liaison with the Probation Officer where the alleged perpetrator is a child in order to guarantee that the protocol's guiding principles, including the 'best interest of the child' are applied.
- Communicate with DCWPS within 24hrs to ensure the child has maximum protection and support.

Ministry of Justice Legal and Parliamentary Affairs

The Ministry of Justice, Legal and Parliamentary Affairs is charged with protecting the legal rights of both victims and accused perpetrators of crimes. It is the responsibility of the court to:

- provide children and witnesses the opportunity to give their statements in a separate room;

- help the child understand the court process and receive support by providing a court interpreter;
- protect the child from undue pressure or aggressive questioning during examination and cross examination;
- protect the child from further contact with the perpetrator;
- keep case workers informed of case proceedings, enabling them to provide pre-trial and post-trial support to the child, whether the child is the victim or perpetrator of the crime;
- remove the child to a place of safety if deemed necessary, in keeping with guidelines set out in the Children's Act (5:06), Part V, section 14;

For children who are accused of a crime the court holds specific responsibilities. These include:

- i. adhering to pre-trial diversion program guidelines in all applicable cases;
- ii. convening a diversion committee in every province;
- iii. giving special attention to sentencing, considering age and circumstances in addition to the severity of the crime. Sentencing should be conducted in keeping with guidelines from the national prosecuting authority, established by the Constitution of Zimbabwe.

Post-trial support: ensuring that children who have been involved with the justice system are referred for counselling or other appropriate psychosocial support

Additionally, the legal system carries responsibility for civil issues that have significant bearing on children. These include issues pertaining to adoption, custody, and inheritance.

Department of Prisons and Correctional Services:

The Department of Prisons and Correctional Services should immediately notify probation officers whenever a child's protection is at risk due to their own or their parent's contact with this Department. In instances where a child is being cared for in prison by their incarcerated mother the Department of Prisons and Correctional Services should liaise with the DCWPS in order to place the child in a place of safety and jointly formulate care and reunification plans.

Ministry Of Primary and Secondary Education

The Education Personnel are amongst those outside of the home who have the closest contact with children. They are in a good position to observe the behaviour and overall functioning of children and provide valuable resources in both the assessment of

potentially vulnerable children, as well as serve as sources of support. Their specific responsibilities include:

- reporting any concerns about signs of potential abuse, neglect or other indications of need to the designated teacher for child protection, who in turn should inform the local CPC.
- monitoring for changes in behaviour, distractibility, absenteeism and other signs that a child may be troubled by occurrences in their life.
- removal of a child to a place of safety According to Section 14 of the Children's Act (5:06) if necessary, with subsequent report of the removal to DCWPS probation officer within 5 days of the removal.

Ministry of Health and Child Care

Medical and allied health professionals need to be alert to child protection issues. Their roles and responsibilities within the case management system include:

- Reporting any child identified as being at risk of abuse to police or social services within 24 hours.
- removal of children to places of safety when indicated and necessary, with subsequent report of the removal to the DCWPS probation officer within 5 days of removal;
- treatment of children who have been abused, provision of health assessments, care planning and providing evidence for court proceedings;
- collaborating on care planning and implementation with any child for whom health issues are of concern.

National AIDS Council (NAC)

NAC is a statutory body with a mandate that includes, among other functions, HIV/AIDS data collection, management and reporting within the 'Three Ones Framework'. Child protection services, including case management, fall within the strategic area of the Zimbabwe National AIDS Strategic Framework (ZINASP)¹³. National Aids Council structures link with the DCWPS structures on Case Management and act as a key referral and information agent in child protection issues:

- through the collection of child protection data for policy advocacy; and
- By contributing resources towards mitigation programmes, such as education and health assistance.

Roles and Responsibilities: Civil Society Organizations

Civil society organizations are critical in the case management system in complimenting government efforts through provision of specialist child protection services. The civil society organizations should work within the case management system guidelines.

Some of the civil society organizations, who work within the case management system, provide, among other, the following specialist services:

- 24 Hour Helpline Services
- Counselling and psychosocial support services
- Medical monitoring and support e.g., post exposure prophylaxis, forensic examination
- Legal assistance
- Disability services e.g. rehabilitation, assistive devices
- Support services to children outside the family environment
- Support services for children in emergencies
- Community awareness on safeguarding children through social mobilization
- Advocacy on child safeguarding issues in communities;
- Capacity building of local child protection structures;
- Identification and referral of cases to relevant stakeholders;
- Advocate for service provision by the government and other agencies;
- Mobilize resources to support and complement government efforts;
- Strengthening and supporting statutory mandate of government systems through capacity building, mentoring and technical back-stopping.

Traditional Leadership

Traditional Leaders have an important role to play in the care and protection of children in their areas as provided for in the Traditional Leaders Act. The roles include:

- referring high risk cases to the relevant stakeholders
- provision of community places of safety
- supporting community structures on child protection e.g. CPC and CCW
- managing traditional forms of social security
- advocating for child protection and rights;

Training and Supervision in Case Management

The National Case Management System heavily utilizes volunteers. Prior to beginning child care work, LCCWs and CCWs must be provided adequate formal training. This training provides basic coverage of concepts needed for assessing and working with vulnerable children, with specific attention to children who are experiencing, or at risk of experiencing violence and abuse.

Included is the structure, function and requirements of the Case Management System, as well as material on child development, the effects of neglect and abuse, and basic child and family assessment and counselling skills. In addition to the initial training, intermittent, on-going education to promote skills development will be provided through follow-up trainings and regular clinical supervision.

Supervision of LCCWs and CCWs and DCWPS Social Workers in the Case Management System is designed to ensure quality service delivery through providing a formal system of support to the worker, the monitoring of performance and adherence to set care standards. The broad functions of supervision are the following;

- a) Promote the provision of quality of care;
- b) Development of knowledge and skills;
- c) Support around secondary trauma, compassion fatigue and burnout;
- d) Provide a platform for the sharing of experiences and concerns of the care workers;
- e) The assessment of care worker performance.

All case management practitioners working with vulnerable children are required to have regular and mandatory one to one or group supervision with their managers or peers. Supervision with managers will include the administrative function. These supervision meetings should have a clear agenda which may include but are not limited to the following:

- Care worker notification of upcoming leave days to ensure cases are in good shape before going on leave and adequate coverage is arranged;
- Staff development issues such as training;
- Concerns about work;
- Case discussions based on case priority; and
- Case allocations.

Peer supervision will focus on the educational and supportive functions of supervision. These meetings will also have a clear agenda, but this agenda will concentrate on case discussions, sharing ideas about managing problems encountered or strategies successfully employed, as well as discussion on the emotional strains of the job and ways in which these can be handled.

Supervision meetings with direct supervisors must be recorded and put in the worker's file and case supervision notes should be included in respective case records. A record of each group supervision meeting shall include members present, as well as cases, problems and general themes that were discussed. Supervision will also include case record audits from time to time to ensure compliance with management decisions, and audit record shall be placed in the management section.

12. Appendices

13. Appendix 1

Child Protection Intake and Case Allocation

Name of the Child: _____

Date of Birth of Child: _____

Check one: have documentation ☐ or estimated ☐

Address of Child: _____

Date of Referral: _____

Reason for referral: the nature of the concern, how and why has it arisen, does the concern involve violence or abuse?

Is emergency action required? Police (ZRP), emergency medical services, out of home placement?

Name and Details of Person Making Referral	Relationship	Age	Address and Phone number

Parents* or Guardians			
Father/male guardian		Mother/female guardian	
Name		Name	
D.O.B/age:		D.O.B/age:	
Occupation		Occupation	
Address		Address	
Telephone		Telephone	
*date if deceased or abandoned		* date if deceased or abandoned	

Details siblings and other significant relatives			
Name	Relationship	Age	Address (if different) and Phone number

Decision	Why was this decision taken
No further action needed	
More information required - detailed assessment	
Emergency action and detailed assessment	

Name: _____ Date: _____

Signature: _____
(Person Completing Intake Form)

Case Allocated to (name of CCW/ LCCW/ social worker/ other)

Name: _____

Date: _____

Signature: _____
(DSS Supervisor)

14. Appendix II

Assessment and Care Plan

The assessment helps to gather information about a child so that we can identify what his or her needs are and make a plan to meet those needs. Full details of the child's circumstances will be held on the initial intake and allocation (referral) form of the family

Child's Name: _____ Date of Birth: _____

Name, occupation and contact details of person completing the assessment:

Date of referral: _____

Reason for referral/child protection concern:

Dates of visits/ to the child's family home or contacts with the family to gather information for assessment

Date & Time	Details of visit	Name/Signature (of primary person interviewed)

Dates of significant contacts with other professionals (ZRP/health/education etc.) to gather information for assessment

Date & Time	Details of visit	Name/Signature

Family: Parents and Caregivers

Describe the child's family/household, including extended family. Any significant losses (deaths or separations from significant family members)? Who are the primary supports in the family/home?

Survival

What is your assessment of the ability of the child's family to provide basic care, shelter, clothes, food, etc.?

General Health

Does the child have good general health? Has he/she received all necessary immunizations? Does the child have any health conditions which his carers need to be aware of? Is the child properly nourished?

Development

Is the child reaching his/her developmental milestones? Is he/or she walking, speaking, developing self-help skills appropriate for his/her age? Does he/she present with cognitive development appropriate for age?

Behaviour

Is the child's behaviour appropriate? Does he or she present with aggressive behaviour? Appear withdrawn? Exhibit risk taking behaviour? Any recent significant behaviour changes?

Social History

Describe the child's social world outside the home, e.g., friends, relationships with teachers, pastor, or other non-family member adults; interests and activities. Any significant recent changes?

Educational

Describe the child's educational abilities, performance, achievements and any areas for development

Other organizations

List the name and purpose of any other organization that is already involved in providing services to the child or family,

Child's comments on the assessment; Complete "My life now" prior to discussion
Does the child want to add anything about his or her hopes, dreams and aspirations or general information relevant to the assessment?

Conclusions

Paint a picture of the child in words: describe the child briefly and include his or her good points as well as any areas for concern.

What needs to change so that the case can be closed?

Describe the desired changes in the child's situation and how you will assess that he or she is no longer at risk of harm.

For complicated cases, it may be important to hold a case conference. This will enable all relevant people to come together discuss the various issues and challenges with

which the child and/or family are confronted. The joint discussion will allow for the development of a more comprehensive care plan.

Case Conference: Yes: Date: _____ No _____

If yes:

Participants in Case Conference:

Agreements of Case Conference:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Based on the information gathered during the assessment, the conclusions and recommendations and the agreements of the Case Conference if there was one, the Case Plan can be developed. This describes the overall objectives for the child and the plan of action which will be implemented in order to meet his needs. This Assessment and Case Plan should be reviewed every six months or whenever there is a significant change in the child's circumstances, whichever is sooner.

Overall Objectives of the Case Plan

What are the main goals for the child e.g. to return home to his or her birth family; to live with relatives; to improve educational opportunities; improved health care; overcoming trauma etc.

Agreement of the Parents/Family

Name: _____ Signature: _____

Date: _____

Agreement of DNRS (responsible case worker)

Name: _____

Signature: _____

Date: _____

Agreement of the Child

Name: _____

Signature: _____

Date: _____

Date of Next Review: _____

15. Appendix III

Record of Significant Events and Contacts

Childs Name: _____

Date	Details of Contact	Signature of person recording

16. Appendix IV

Referral Form

To be completed in duplicate. One copy kept by referring organization, one by organization receiving the referral.

Name of Child: _____ Date: _____

Date of Birth: _____ Sex(M/F): _____

Name of Parent/Guardian: _____

Address: _____

Phone: _____

Details of problem/need:

Reason for referral:

Referred By (Name): _____ Title: _____

Organization: _____

Address: _____

Phone: _____

Referral sent to:

Address: _____

Phone: _____

Responsible Referring Signature: _____

Follow-up (to be sent back to referring agency)

Phone or written confirmation that referral is received and accepted (*please check*) ☐

Date seen: _____

Findings:

Plan:

Date reported back to referring organization: _____

Name, Title: _____

Signature:



17. Appendix V

Case Review Form

Case Review (CR) Form
(Please complete as fully as possible)

Case No: _____

Name of Child: _____ (M) / (F) D.O.B: _____

Date Case Opened: _____

Date 1st contact with child: _____
(Direct) / (Indirect)

Date Case Allocated: _____

Name of allocated Caseworker: _____

Reason for delay of above (if any)

Case Review Date: _____ Period: _____ CR No.: _____

Initial _____ Category _____ of _____ Abuse/ _____ Need: _____

Assessed Category of Abuse/ Need:

Review of case file recordings:

Review of Care Plan impact & progress:

Review of Child's assessed needs:

Recommendations/ Updates to Care Plan:

Date of next CR:

CR by Name:

Signature:

Position:

Contact details:

CR approved by Case Manager/ Worker:

Name: _____

Signature: _____

Position: _____

Date: _____



Date CR entered into Electronic Database: _____

By Name: _____

Date CR'd by M&E Dept.: _____

Name: _____

18. Appendix VI

Case Closure Form

Case Number: _____

Name of Child: _____ (M) / (F)

D.O.B: _____

Date Case Opened: _____

Date Case Closed: _____

Period Open: _____

<u>Services Provided:</u>	<u>Tick</u>	<u>No. of Sessions/ calls/ visits/ referral organization names/ etc.</u>
Counselling		
Follow-up Phone calls		
Follow-up Home visits		
Child/ren Seen		
Child/ren spoken with directly		
Referrals made (name organizations)		
Other (Please explain)		

Assessment of Current Status of Child's safety & well-being:

Comment on Outstanding Needs of Child (if any) & future care plan:

Reasons for Case Closure:

Date of Notification of Case Closure:

Child:

Caregiver:

Child aware of how to re-access services in future?

☐ Yes

☐ No

Type of Information Child given to access Child Protection Services in future:

Flyer/Sticker/ Pamphlet/ Poster

Case worker Details

Case Manager Name

Signature:

Date:

National Case Management System for The Welfare and Protection Of Children in Zimbabwe