

CASE MANAGEMENT - MODE FOR ORGANIZING AND MANAGING SPECIFIC INTERVENTIONS IN CHILD PROTECTION

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Abstract: *In the child protection field, case management is the method by which multidisciplinary and interinstitutional intervention for child is ensured by coordinating all social assistance and special protection activities by professionals. Case management goes through several stages, the same for each case, but the professionals involved in coordinating the activities necessary to achieve the objectives are guided by the principle of individualisation and personalization.*

Key words: *case management, stages, case manager, prevention case officer.*

The social assistance system in Romania experienced a moment of real reform with the emergence of case management in child protection in 2006 when, by Order no. 288/2006, the mandatory minimum standards for case management in the field of child rights protection were approved.

Thus, it ended a working way through which a single "professional" was empowered to analyze the situation and identify the solution, the way to follow for a child to overcome difficult situation in which he was at a certain time, and then he was the one who monitored whether he/she identified the right solution, the most appropriate solution, and the child's development.

Perhaps the most important feature of case management is that the "professional" (the man who knew them all) was replaced by a multidisciplinary team to identify needs, assess the situation from as many perspectives, and identify the solution to follow on short, medium and long term.

A social case can be considered as a mathematical problem and, just as with exact sciences, the identified solution must be "proven" to be the most appropriate and to lead us to the correct outcome in relation to the content of the "hypothesis" and the requirements of the "conclusion".

In both mathematics and social assistance, we identify three distinct stages:

- The hypothesis - data problem in mathematics or data and information about the situation of difficulty in social assistance;
- Conclusion - the requirement of the problem in mathematics or the need to solve, to cover, in social assistance;

Demonstration - the way to solve the problem, the requirement through a logical analysis of the hypothesis data and the use of knowledge in

the field (theories, axioms, theorems, mathematical formulas, etc.) in mathematics or the way to overcome the difficulty situation through a logical analysis of identified needs and resources available to society to cover these needs in social assistance.

From this point of view, it can be said that the working system in social assistance must be logical, starting from the most accurate identification of the needs of the individual in difficulty and aiming to establish solutions to be followed in relation to the resources and the level of development of the society at some point.

Case management in child protection has created the logical framework to analyse the difficulty situation, to identify the medium and long-term solution and to monitor the implementation of the solution with the possibility of applying rapid corrections when needed. And for all this to happen in a regime of objectivity, the formula of the multidisciplinary team emerged (the analysis of the situation is done by specialists from different fields) and the distinct stages of work.

The case management phases are:

1. Identification, initial assessment and case taking;
2. Detailed, complex case assessment;
3. Planning of services and interventions;
4. Providing services and interventions;
5. Periodic monitoring and re-assessment of progress;
6. Post-service monitoring and case closure.

Although these steps are the same for all categories of beneficiaries, the activities carried out are subject to the principles of individualization and personalization.

1. Identification, initial assessment and taking over of cases

The initial assessment carried out by the Social Assistance Public Service (SAPS) within the city halls or the Initial Assessment Service (IAS) within the General Directorates for Social Assistance and Child Protection (GDSACP) has the role of confirming or infirming, in the shortest time, the existence of a case.

Case identification is done by:

- Direct request from the beneficiary (child/family/legal representative)
- Referral from a public or private institution;
- Notification/written referral or phone call reporting by a person other than family/legal representative;
- self-referral.

For emergency situations, the initial assessment is performed by the mobile intervention team within the child's phone from the GDSACP or by the social welfare staff at the SAPS level, in case the displacing of mobile team

would take more than one hour to the address of the child. Mobile teams must necessarily include a social worker/psychologist and a police worker.

The initial assessment of the child's situation is carried out within 72 hours of the request/referral, and in emergency situations within one hour.

Within 24 hours of the evaluation, the Initial Assessment Report is submitted to the hierarchical superior, based on which the case is denied or confirmed by the SAPS or GDSACP.

If the case is confirmed and registered at the city hall, a preventive case officer (PCO) is appointed, and if the case is confirmed and registered at GDSACP, a case manager (CM) is appointed, taking into account the following aspects: the number of cases under its responsibility, the complexity of the case, the experience, the knowledge of the issue, the relationship with the child and the family, and the collaboration with the network of services and institutions. *2. Detailed/complex evaluation*

Given that the reported and assessed case has required a form of protection, this assessment is done by the case manager (CM) together with a multidisciplinary team (physician, psychologist, social worker and others) according to the situation and the nature of the case. If the child has remained in the family after the initial assessment, the detailed assessment is done by the SAPS preventive case officer (PCO), along with a team of professionals.

In the assessment process, both professionals and the child and family/legal representative are involved. The information required for detailed assessment is obtained through visits/meetings, information that is recorded in visit/meeting reports that contain at least the following: date, location and purpose of the visit/meeting, synthesis of the discussions, planning of the next visit/meeting.

The results of the detailed assessment are recorded by the case manager, respectively the preventive case officer, in a detailed assessment report drawn up on the basis of the reports of the experts involved in the assessment and of the visit reports. The detailed assessment report shall be drawn up within 24 hours of the last assessment/visit, shall be endorsed by the hierarchical superior and shall be sent, within maximum 3 days after its drawing up, to the team members, the family/legal representative and, if appropriate, to the child.

3.Planning of services and interventions

In case management, planning services and interventions involves developing a Service Plan (SP) that is drawn up to prevent child separation from parents or to develop an Individual Protection Plan (IPP) that is drawn up for children registered in the child protection system.

The Service Plan is drawn up by the preventive case officer for children at risk of abandonment of their parents, for children reintegrated into the family after their protection measure was ceased or in any situation requiring

the provision of benefits and/or services in order to respect the rights of the child.

At the same time, the preventive case officer has the obligation to fill in the Child's Monitor Sheet, which precedes the service plan.

The preventive case officer is the professional who coordinates the social assistance activities carried out in the best interests of the child in the family, having as main purpose the assessment and implementation of the service plan for the prevention of separation of the child from the family.

The preventive case officer is employed by the Social Assistance Public Service (SAPS) and must be at least a high school graduate with a baccalaureate diploma with at least two years of experience in social services.

Coordination of efforts, actions and activities to prevent the separation of the child from his or her family, elaboration of SP ensuring communication between all parties involved in solving the case, ensuring compliance with the stages of case management, drawing up and updating the child's file are the main tasks of the prevention case manager.

The Individual Protection Plan (IPP) is a document through which the planning of the services, benefits and special protection measures of the child are carried out and may have the purpose of reintegrating into the family the child for whom a special protection measure has been established, the adoption in case which reintegration into the family is not possible and the socio-professional integration of young people aged over 18 who leave the child protection system.

IPP is drawn up by the case manager (CM). According to the provisions of Order 288/2006 for the approval of the Minimum Mandatory Standards for case management in the field of child rights protection, the following persons may be the case managers:

- are social work assistants according to the Law no. 466/2004 regarding the status of the social assistant profession and have at least 2 years of experience in child protection services;
- have higher socio-human or medical education and seniority in child protection services for at least 3 years;
- have higher education, other than socio-human or medical, have completed a post-graduate course in the field of social assistance and have a child protection service of at least 5 years.

Among the MC's tasks are the following:

- coordination of efforts, actions and activities of social assistance and special protection carried out in the best interests of the child;
- IPP assessment;
- building of the multidisciplinary team and organizing of meetings with the team, as well as of the individual ones with the professionals involved in solving the case;

- active involvement of the family/legal representative and the child and their support in all the approaches undertaken throughout the case management;
- ensuring communication between all parties involved in the case;
- ensuring compliance with the case management stages;
- drawing up and updating the child's file.

In order to achieve the objectives, the Individual Protection Plan (IPP) is developed in specific intervention programs (SIP) that represent activities carried out in an area of intervention that address the following aspects: health and health promotion needs, care needs, physical and emotional needs, educational needs, leisure needs, socializing needs, ways of maintaining relations, as appropriate, with parents, extended family, friends and other people to whom the child has developed attachment ties, development of independent living skills, reintegration into the family.

Specific intervention programs are developed by the special protection case officer, together with the members of the multidisciplinary team.

These intervention plans, whether we are talking about Service Plan (SP), Individual Protection Plan (IPP) or Specific Intervention Program (SIP), are tools for organizing and planning activities to produce the desired changes in the life of the beneficiaries.

The Service Plan, respectively the Individualized Protection Plan, are drawn up on the basis of the provisions of Order no. 286/2006 for approving the Methodological Norms regarding the elaboration of the Service Plan and the Methodological Norms regarding the elaboration of the Individualized Protection Plan and the provisions of the Order no. 288/2006 for the approval of the Minimum Mandatory Standards for case management in the field of the protection of children's rights.

4. Providing services and interventions

The provision of benefits, services and interventions included in the IPP/SP/SIP is based on the contract with the family/legal representative concluded with the service provider, drafted according to the model provided by the Order of the Minister of Labor, Social Solidarity and Family No. 73/2005 regarding the approval the model of the Contract for the provision of social services, concluded by the service providers, accredited according to the law, with the beneficiaries of social services.

At this stage, the intervention plan (SP, IPP or SIP) is implemented and it is intended to get the established results through the activities carried out by the service provider specialists (SAPS / GDSACP / ONG) and the beneficiary.

5. Periodic monitoring and re-assessment of progress

At this stage, the case officer monitors the implementation of the service plan, and the case manager monitors the implementation of the individualized protection plan and specific intervention programs.

In order to carry out the monitoring, the SIP managers have the obligation to draw up reports on the implementation of the SIP, monthly or whenever needed (and to send them to CM within 3 days from their drawing up (for the monthly ones), respectively at the occurrence of the problem/situation for which they were prepared (for occasional ones).

The CM, respectively the PCO, together with the multidisciplinary team, performs the re-assessment of the child's situation every 3 months or whenever it is needed, as well as reviewing the appropriate plan, if necessary.

Within maximum 24 hours from the date of reassessment, the CM or PCO draws up the re-assessment report that is to be sent, within 3 days of its drawing up, to the team members, the family and, if applicable, the child.

6. Post-service monitoring and closure of the case

At this stage, contact with the beneficiaries (for a period of at least 3 months) is maintained and their situation is assessed without them being provided with services.

The CM, respectively the PCO, draws up a plan on which the monitoring is carried out.

In the post-service monitoring phase, the CM collaborates with SAPS/ people with social assistance responsibilities in the community in which the family lives with the child and monitors the quality of social integration of the child, namely the PCO collaborates with members of the community consultative structures in the community where the family lives with the child and follows the quality of social integration of the child. Also, both the CM and the PCO collaborate with service/institution professionals who can consolidate the results of IPP/SIP/SP implementation.

The closure of the case is generally done when the purpose intended at the beginning of the intervention has been reached when the social assistance process is no longer necessary and the beneficiary acquires the optimal capacity for autonomy.

Thus, the implementation of the case management system in social assistance created on the one hand a working method that can identify solutions for any situation of difficulty, and on the other hand it has standardized and created the possibility to assess the services and practices in Romania, so that public policies can be developed on the basis of scientific analysis to make intervention in social assistance more effective.

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